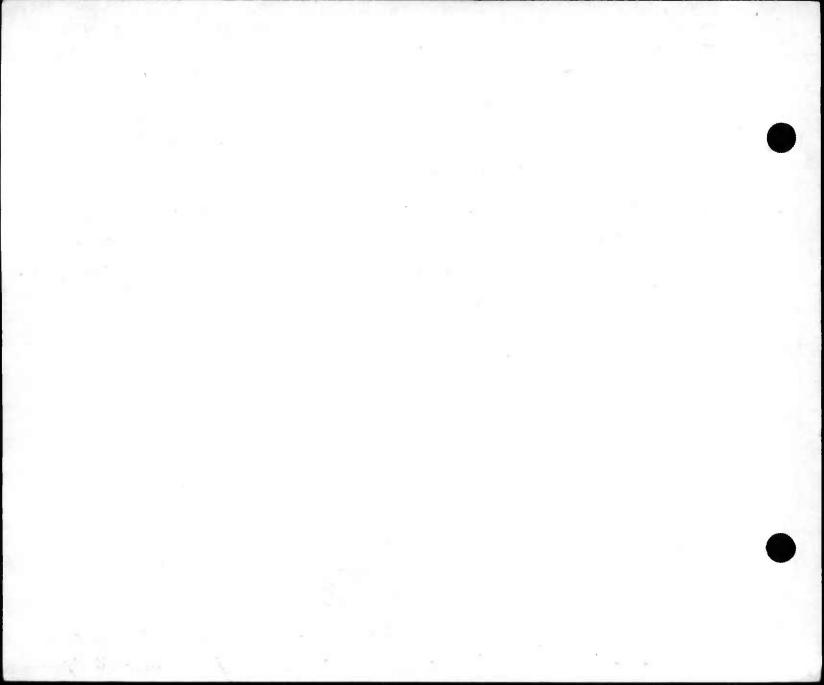
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL D. ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page China retained by the haspital or attending physician.

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20	1 2	0 7	276	2769

3	1 -	FOR STATE REGISTRAR			CERTIF	EALTH AND MENT			REG. NO.	2	7 6	9	0
(M)		CEASED NAME FIRST (MART		LIZABETE		RICH		NOVE	ember		1980	2b. HOUF	₹ M
31	3. SE)	Fema le	RACE Neg	ro	S. DATE C		Ϊo	AGE (IN YEARS		YRS	UNDER I YEAR	IF UNDER 2	24 HRS
meral du	C	RTHPLACE (STATE OR FOREIGN DUNTRY) MD		WHAT COUNTRY?	WIDOWE		ED 🗌	Baltimore Balt	city or c				MD.
by the filled	Ca	ty or town of DEATH	1137500	HOSPITAL, NURSING CHECKLITY, GIVE STREET A WINTERS	Lane		ION	12a: USUAL OC (TYPE OF WORK FO			176. KIND O INDUSTRY	F BUSINES	SS OR
filled in land	USU/ 13a S	TATE 13b COUP	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Catons	4	134 INSIDECITY LI		13. STREET AD	oress Vinte	rs L	ane		
ampletely and 2 sh and 2 sh	I4 FA	THER'S NAME Herbert	MIDDLE	Brown		15 MOTHER'S MAI			MIDDLE		Bake		
n and co		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN)	MED FORCES? WAR OR DATES)	212-12-		17 INFORMANT A Eugen	e Br	own 58	ADDRESS 378 S	teve			
in har the ottending physical day the ottending physical lease remaye carbon papers and, cremation, ar remayel.		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	OR AS A CONSEQUE	NCE OF	atosis	*				BETWEEN	MATE INTERV DNSET AND (ZEATH
in in the requires to the receipt of	CERTIFICATION	PART 2 OTHER SIGNIFICANT (ONTRIBUTING TO D				20a AUTOPS	Y2 20	Ob. IF YES, V	WERE FINDIN	IGS USED	H?
this certificate the burial-trans and Mental Hyg	MEDICAL CER	710. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEAL OF EITHER, NOTIFY MEDICAL EXAMINERS OF THE CONTRIBUTION OF WHILE NOT WHILE	HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, FA	19	214 HOW INJURY 211 LOCATION STREET	OCCURR		E OF INJURY IN	ITEM 18, PART	OR PART 2)	STA	ATE
y the haspital or off ALD DIRECTOR After detached for use as t detached for use as t detached for use as t detached for use as t detached for use as t are all is market		27a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no 27b. SIGNATURE	1) priew the body	19			opinian d	eath accurred a	STAFF				*
retained by the stand be defined by the State with the State IMPORTANT.	22	27d PHYSICIAN'S NAME (TYPE O	CHIE	ADIC		27e ADDRESS	Agi	res H	osp. F				
ВР	(:	URIAL, CREMATION, REMOVAL Burial UNERAL DIRECTOR	236. DATE 11/7			emetery or crem		23d. LOCATION TO Bal	timor	re	DUNTY DVS S IC	MD STAT	TE
DHMH-16 20M (VRA 15, 4) 7/78		m. C. March	F/H 1	101 E.	Nort		NC		380 '''	72		Mand	?



FOR

STATE

REGISTRAR

/						KLO. IN	J.		
		CEASED NAME FIRST	MIDDLE	Į.	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	() TPE	FRA	NK	R	INGOLD	NOV. 3	0, 1980	1	9:15
	3. SE	(4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT	MDAY) IF U	INDER I YEAR	IF UNDER 24 HR
	l	MALE	WHITE	MONIT	JAN. 2,1916	64	YRS.	IHS DATS	HOURS MIN
- 17 J		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	-		
to Co		PENNSYLVANIA	USA	WIDOWE		BALTIMO	RE COUN	TY	,
Fied			11. NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPATI		126 KIND O	F BUSINESS C
00		RANDALLSTOWN	3801°SCHNAPER		APT. 205	SALES	MAN	CL	OTHING
mustbe	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE MARYLAND 136 COUN BAL	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO. 131 RANDALL	STOWN	13d INSIDE CITY LIMITS?	13e 3801 ADSEAN	APER DR	#2113	3. 205
nine	14 F.A	THER'S NAME	AIDOLE LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE		146	*
137		MAX	RINGOLD		RACHAEL	Mibule		UNKNO	WN
licol		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166. SOCIAL SECU	RITY NO.	17 INFORMANT MRS.	MARCIA WAS	SERMAN	3801	SCHNA
medi		NO	170-03-	0943	DR., APT.	229, RANDAL	LSTOWN,	MD	21133
t, the			ly one cause per line for (a), (b), an	d (c).)				BETWEEN	MATE INTERVAL ONSET AND DEAT
20 >		PART I. DEATH WAS CAUSE	E CAUSE (o)	com	My Skung			12	month
otic		1629	DUE TO, OR AS A CONSEQUE	NCE OF	1				
E 00		Conditions, if ony, which	((b)		V	170			
her tr		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF				1 7	
ار م		underlying couse lost.	(c)				-		
ury, c	z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10)1
in A	110	A DATE OF ORDATION	196. CONDITION FOR WHICH	OPERATIO	ALWAS DEDECTOR	20a AUTOPSY?	20b. IF YES, W	/EDE EINIDIN	ICC HISSO
s G	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYIN	G CAUSES	OF DEATH?
shov	ERTI	21g. ACCIDENT WAS UNDERLYING	1 71b. TIME OF INJURY		21c HOW INJURY OCCUR	YES NO	YES [NO 🗌
n 18		OR CONTRIBUTING CAUSE OF DEA	LUCIUS A LA LACATETA D.	AY YEAR	THE HOW WASON OCCORD	CENTER INVIORE OF INJOR	THE HEM TO, PART	I OK PART 25	
lter.	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION				
ope	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	/N	COUNTY	STATE
nork		AT WORK - AT WORK	(-)) - Mandal Maria da carred (Ser	19.80	- Nou	か 10	60	that (I) (we) le
is	- 3	sow the deceased olive on	tol) ottended the deceased from_		nd that in (my) (our) opinion of				
em 2		obove, (I) (we) (did) (did no 22b. SIGNATURE.) view the body after death.		DEGREE			22c DATE	
#		Arredor	Holdgeren		ATTENDING	MEDICAL STATE	F C	9	1980
Z		22d. PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS	RETAINECTON TO SHAZE	IAN []	1.00	1
F		1110							

SHELDON GOLDGEIER. M.D.

24 FUNERAL DIRECTOR SOL LEVINSON &

6010 REISTERSTOWN RD.

236. DATE

12/1/80

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY) BURIAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DEC NO

BALTO., MD

711 W. 40th ST.

23d LOCATION CITY OR TOWN

REISTERSTOWN 750 DATE REC'D. BY REGISTRAR 250. RESTRAR'S STAR'S

1980

231 NAME OF CEMETERY OR CREMATORY

BALTIMORE HEBREW

21215

BROS., INC.

BALTO., MD

BALTO.

126 KIND OF BUSINESS OR INDUSCLOTHING

3801 SCHNAPER

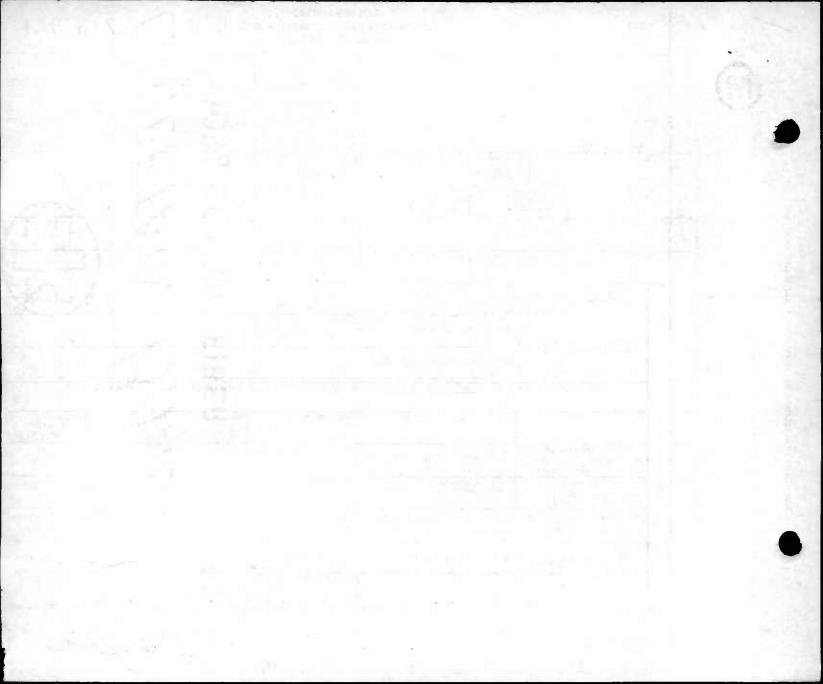
21133 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

60 , that (I) (we) lost

MD

IF UNDER 24 HRS

DHMH-16 60M 1/73 (VR A 15 (4))



1.59	-	
1		
	N. Carrie	169

campletely filled in by the funeral 1 and 2 shauld be filed within 72

please remave carbanpopers. Pages 1

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu TO FUNERAL DIRECTOR: After this certificate has been

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

retained by the haspital or attending physicia

MPORTANT: If Hem 21 is marked or Item 18 shaws any

jury, ar other troum

STATE OF MARYLAND

1.	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	6. /	5 9 4
	CEASED NAME FIRST	MIDDLE	(AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
() "	Jan K.	ROEHR			November 9	1980	6:06 a _M
3. SE		RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT		R 1 YEAR IF UNDER 24 HRS.
	M	W	MONTH	2/8/03 YEAR	76	YRS.	DAYS HOURS MIN.
	IRTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF DE	ATH
	POLAND	USA	WIDOWE		Baltimore (County	MD.
10. C	OSSITULE	NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
1	O-DO INCL	S-ISANKLIN	70	Υ.	<u> </u>	re	PPICAL
	IAL RESIDENCE (IF NURSING HOME OR OTH STATE 13b. COUNTY BA	ISC. CITY OR TO	NWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS	MAHAL	K OT
	ATHER'S NAME LUDWIK MIDE	ROEHR LAST		15 MOTHER'S MAIDEN NA FIRST TANINA	ME	- EW SKI	LAST
	WAS DECEASED EVER IN U.S. ARME			17 INFORMANT	ADDRE	SS	
L '	(YES, NO OR UNKNOWN) (IF YES, GIVE W	04332	6886	JADWIC	A ROEL	+R	A BOVE
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y: Candia B		tory Arrest		B	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSECUTION (b) Cancer	QUENCE OF		S-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ू- अप्रदे त्रहु
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEG	QUENCE OF				
NO O	PART 2. OTHER SIGNIFICANT COM	nditions <u>contributing</u> t	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	DITION GIVEN IN F	ART 1(a)
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
EDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR	PART 2)
AEDI	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM ETC)	211 LOCATION STREET	CHTY OR TO	WN CO	UNIY STATE

WHILE

CITY OR TOWN

COUNTY

220.1 certify that (I) (this hospital) attended the deceased from November 9, 1980 saw the deceased plive on NOVEIIIC above, (I) (we) (did) (did not) view the bady

NOT WHILE

DEGREE

Uctobe

ATTENDING PHYSICIAN

980

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

A. Daghestani M.D.

9000 Franklin Square Dr.,21236

23a	BURIAL,	CREMATION,	REMOVAL
-	(SPECIFY)		
	RE	nATTO	N
24 F	FUNERAL	DIRECTOR	

23b. DATE

23d. LOCATION

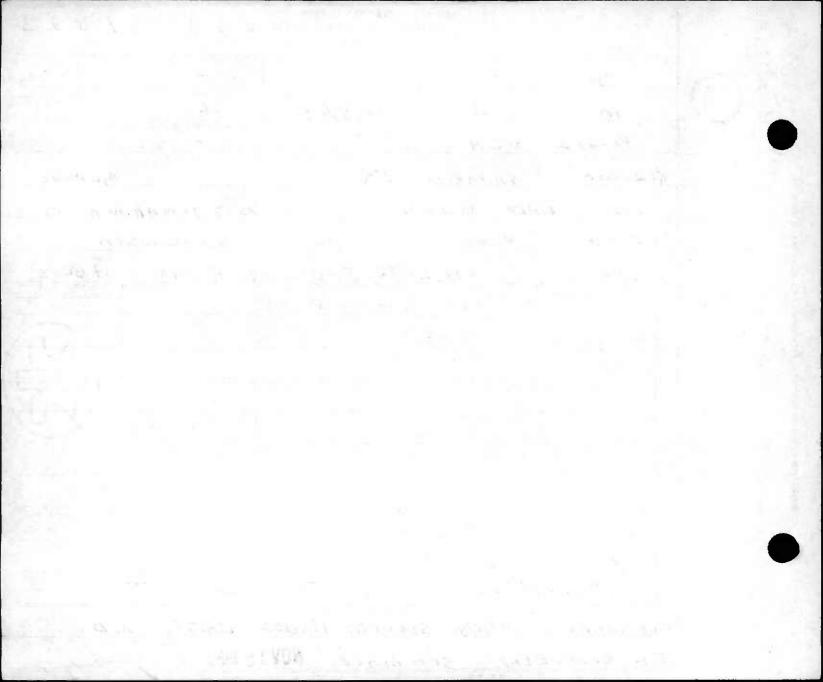
COUNTY STATE

J.B. CONNELLY

NOV 1 2 1980

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

DHMH-16 30M 2/80 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	-
TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, privatiouid be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after in the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be not fried at once.	2

STATE OF MARYLAND

	1 -	STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	2/0	4 3
		CEASED NAME FIRST		MIDDLE		LAST	2R. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(1176	E UNICE	RUS	SELL	ROGO	GE .		11	11 80	6 PM
	3. SE	(4 RACE		5 DATE O		4. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		Female	Whi	te	11	DAY YEAR	83	YRS.	MONTHS DAYS	HOURS MIN
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1		9 BALTIMORE CITY			
5	C	Maryland	U.S.	Α.	WIDOW	D NEVER MARRIED DONORCED D	Baltimon	re Co	unty	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12R USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
)		Baltimore	Summ	it Nursin	address)	ne	Surp.	DF WORKING		Telephone
Si	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE THE TRANSPORT OF TH		Baltimor	N	134 INSIDE CITY LIMITS?	13n STREET ADDRESS 7101 Rolli		end Road	
		THER'S NAME	11.0			15 MOTHER'S MAIDEN NA			CHA HOUG	
1		John A.	MIDDLE	Russell		Mary	V.		German	
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO	17 INFORMANT	के हरी	tsi.mo	re, Md.	
2	0	res, no or unknown) I if yes, givi	E WAR OR DATES)	212-03-6	009	George M. Ru	ssell 1543	Sulp'	hur Spri	ng Rd.
	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, 0		NCE OF leart NCE OF Dirate	Failure pry Infection	INAL DISEASE OR CON	NDITION G	GIVEN IN PART)(0'
7	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	YES, WERE FINDIN TIFYING CAUSES YES [OF DEATH?
7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	DF INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 10	8, PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (I) (this hasping sow the deceased alive on above, (I) (we) (did) (did not see that the se	it) view the body	ofter deoth.	0	22R ADDRESS	death occurred on the death occurred on the death occurred on the death of the death occurred on	AFF ICIAN []	22c. DATE	SIGNED 2-EO
	23a B	URIAL, CREMATION, REMOVAL Burial		23c N		EMETERY OR CREMATORY	23d LOCATION CHYORTOWN Baltimon			ary land
	24 51	NEDAL DIDECTOR				Md 212290 544		lace no		0

DHMH-16 25M (VRA 15, 4) 1/79

Hubbard Funeral Home, Inc. 4707 Wilkens Ave.

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		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. N 2a. DATE OF DEATH	O. MONTH DAY YEAR 26. HOUR
	{IIYPE	IRM	A MONTI RONG	CHI	NOVEMBE	R 23,1980 2
1	3 SE	(4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIR	
		Female	White	April 20, 1897	83	MONTHS DAYS HOURS
94		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?			OR COUNTY OF DEATH
		Italy	USA	WIDOWED TO DIVORCED	Baltimo	re County
St. De no		Phoenix .	4 Valley Gr	een Court	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOMEMAK	OF WORKING LIFE) INDUSTRY
5	13a S	TATE 1136 COU	n other institution, give residence before NTY 13c. CITY OR TOW Phoeni	I 134 INSIDE CITY LIMITS?	136. STREET ADDRESS	ev Green Court
exa	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
04		Giovanni Mon	+ i	Lucia	Galli	
e He		VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	JRITY NO 17 INFORMANT	ADDR	
t, the		No	003-18-	-3326 Mrs. Norma	R. Berge	
event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), ar		1	APPROXIMATE INTERV
aumatic			TE CAUSE (a)	CARDIAC INFAR	CHON	MINUTE
an a		4-100	DUE TO, OR AS A CONSEOU	ENCE OF	D D · · · · ·	11
		Conditions, if any, which	(b) COT	ONTRY ABTERY	DISEASE	7 EMRS
		cause (a), stating the	3			
ō		underlying cause last	DUE TO, OR AS A CONSEOU			
any injury, or	NOI	underlying cause last	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
9	TIFICATION	Underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING TO AO PTO 196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM		IDITION GIVEN IN PART 1(a) 2016 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
99	CAL CERTIFICATION	underlying cause last PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO A 0 PT C 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM RESURGIFATION OPERATION WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY? YES NO	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
marked of Item 18 shows any injury, or o	MEDICAL CERTIFICATION	UNDERLYING COUSE LOST PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DI	CONDITIONS CONTRIBUTING TO A 0 PT C 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM RESURGITATION OPERATION WAS PERFORMED 211 HOW INJURY OCCUR	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO NITEM 18, PART 1 OR PART 2]
or item is snows any injury, or		Underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# EITHER, NOTH'Y MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22c. I certify that (I) (this hosp.	CONDITIONS CONTRIBUTING TO A O PTO C 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P M 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TERM REGURGI TATIO OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY OCCUR STREET 19 217 19 6	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE) CITY OR TO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO NITEM 18, PART 1 OR PART 2]
Or term to shows any mighty, or		Underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# EITHER, NOTH'Y MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22c. I certify that (I) (this hosp.	CONDITIONS CONTRIBUTING TO A O PTO C 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P M 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TERM REGURGI TATIO OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY OCCUR STREET 19 217 19 6	206 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the death	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO DEATH YES COUNTY STA
if tem 21 is marked of tem to shows any injury, or		Underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22c.1 certify that (1) (this hosp saw the deceased alive a above, (1) (west-shift) and a copy.	CONDITIONS CONTRIBUTING TO A O PTO C 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P M 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE,	DEATH BUT NOT RELATED TO THE TERM RESURGITATION OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY OCCUR! STREET AND	206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENT) CITY OR TO CITY OR TO Death occurred on the death occurred occurred on the death occurred on the deat	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO DIRTY IN ITEM 18, PART 1 OR PART 2] WN COUNTY STA 19 1, that (1) (we late and hour and fram the causes state of the causes o
If Item 21 Is marked of Item IS shows any injury, or		Underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22c.1 certify that (1) (this hosp saw the deceased alive a above, (1) (west-shift) and a copy.	CONDITIONS CONTRIBUTING TO AO PTO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 10 1) view the body after death.	DEATH BUT NOT RELATED TO THE TERM RESURGITATION OPERATION WAS PERFORMED AY YEAR 19 216 HOW INJURY OCCUR! STREET AND	206 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred an the death	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO DIRTY IN ITEM 18, PART 1 OR PART 2] WN COUNTY STA 19 1, that (1) (we late and hour and fram the causes state of the causes o
If Item 21 Is marked of Item IS shows any injury, or		Underlying cause last PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# EITHER, NOTE'T MEDICAL EXAMINE) 21d. INJURY OCCURRED AT WORK NOTE OF THE CONTRIBUTION OF THE ORDER 220.1 certify that (I) (this hosp saw the deceased alive a above, (I) (west-didt) did in 220. SIGNATURE 221d. PHYSICIAN'S NAME ITYPE	CONDITIONS CONTRIBUTING TO AO PTO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 10 1) view the body after death.	DEATH BUT NOT RELATED TO THE TERM RESURGITATION OPERATION WAS PERFORMED 216 HOW INJURY OCCUR AY YEAR 19 216 LOCATION STREET DEGREE ATTENDING PHYSICIAN 226 ADDRESS	206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENTED CITY OR TO DECLAR OF INJUDENTED CALL STANDING CONTROL OF INJUDENTED CALL STANDING CON	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO NO NOT NOT NOT NOT NOT NOT NOT NO
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If Item 21 Is marked of Item IS shows any injury, or	WEDICAL MEDICAL	Underlying cause last PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI CAUSE OF DI CHE CAUSE OF DI C	CONDITIONS CONTRIBUTING TO A 0 PTO C 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, and) view the body after death. CORPRINTY L. SOMMERVILL 236. DATE 236. DATE 236. DATE	DEATH BUT NOT RELATED TO THE TERM PERUNGI TATO TO TOPERATION WAS PERFORMED AT YEAR 19 FARM, ETC.) 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 222 ADDRESS MD 26 W. Pent	20e AUTOPSY? YES NO RED (ENTER NATURE OF INJUDENTED LA LOCATION NO LITY ON TOWN) 20e AUTOPSY? CITY OR TO CITY OR TO STA DIRECTOR PHYSIC 134 LOCATION NO LITY OR TOWN	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO NO NOT NOT NOT NOT NOT NOT NOT NO

STATE OF MARYLAND

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SPITAL OR ATTENDING PHYSICIAN

Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 Hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR				AENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG.		7	5 9
	DECEASED NAME YPE OR PRINT)	FIRST		MIDDLE TOYTAYOU	N- X	AST	2. DATE OF DEATH			2b. HOUR
1 S		MILTON	HARO	LD RUARK	5. DATE C	AS BIRTH	NOVEMBER		F UNDER 1 YEAR	2:58
1, 3	Male		White	100	Sept	DAY YEAR	72		ONTHS DAYS	HOURS
	BIRTHPLACE ISTATE OR F COUNTRY) Maryland	OREIGN 76 C	USA	WHAT COUNTRY?	MARRIEI WIDOWE	D X NEVER MARRIED	Baltimore City	OR COUNTY		
10.	CITY OR TOWN OF DEA	ATH 11.	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET / -Medical		OR OTHER INSTITUTION	120 USUAL OCCUPA ITYPE OF WORK FOR MOST Civil Engi	OF WORKING LIFE)	12h. KIND (INDUSTRY	OF BUSINESS
130	UAL RESIDENCE (# NUR L STATE laryland	136 COUNTY Baltime		GIVE RESIDENCE BEFORE 13c CITY OR TOWN TOWSON		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7329 York	5	rive	
(14.1	FATHER'S NAME FIRST Milto	on J. Ru		LAST		15. MOTHER'S MAIDEN N. FIRST Mary	AME		Betz	ST
16a	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIVE WAI		213-05-6		17 INFORMANT Ruth B. Ruar		RESS		
	PART I. DEATH V	VAS CAUSED BY	AUSE (o)	ASPIRAT	ICN	PREMMONIA			DAY	25
TIFICATION	Conditions, if any gave rise to im couse (0), statiunderlying cause	, which mediate no has lost. NIFICANT CON	DUE TO, OI (b) DUE TO, OI (c) DUE TO, OI (c)	R AS A CONSEQUE AAS A CONSEQUE ON TRIBUTING TO E ITION FOR WHICH	NCE OF OBST	PUCTIVE PUC MO PAPT DISENT NOT RELATED TO THE TER N WAS PERFORMED	MINAL DISEASE OR CO	20b. IF YES, IN CERTIFY	, WERE FINDI	NGS USED
MEDICAL CERTIFICATION	Conditions, if any gave rise to im- couse (o), statil- underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING [(If EITHER, NOTIFY MEDIC 21d, INJURY OCCUR	, which mediate mediate mediate mediate mediate mediate mediate mediate. NIFICANT CONSTITUTE CONST	DUE TO, OI (b) DUE TO, OI (c) DITIONS CO 19b. CONDI 21b. TIME O HOUR A. 21e. PLACE (AT HOME, STE	R AS A CONSEQUE A AS A CONSEQUE OF INJURY M. MONTH DA M. MONTH DA OF INJURY OF INJ	ENCE OF OBST	NOT RELATED TO THE TER. N WAS PERFORMED 216 HOW INJURY OCCUMANTE TO THE TER. 216 HOW INJURY OCCUMANTE TO THE TER. 217 LOCATION 218 LOCATION 219 EMPLOYED TO THE TER.	MINAL DISEASE OR CO 20e AUTOPSY? YES NO CITY OR T	200. IF YES, IN CERTIFY YES JURY IN ITEM 18, PA	WERE FIND IN (ING CAUSES CAUSE CAUSES CAUS CAUSES CAUSES CAUSES CAUSES CAUSES CAUSES CAUSES CAUSES CAUSES C	NGS USED 5 OF DEATH NO [
MEDICAL	Conditions, if any gave rise to im couse (0), statis underlying cause PART 2 OTHER SIG 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDK 21d. INJURY OCCUR WHILE NOTIFY MEDK 22a. I certify the (1) sow the decease obove (1) (we) (1) 22b. SIGNATURE	MMEDIATE C. which mediate no the selection of the select	DUE TO, OI (b) DUE TO, OI (c) DITIONS CO 196 CONDI 216 PLACE (AT HOME, STE	R AS A CONSEQUE AAS A CONSEQUE ONTRIBUTING TO E ITION FOR WHICH OF INJURY M. MONTH DA OF INJURY REET, FACTORY, OFFICE, F. OTHER death.	COPERATION AY YEAR 19 AAM, ETC)	NOT RELATED TO THE TER. N WAS PERFORMED 216 HOW INJURY OCCUMANTE TO THE TER. 216 HOW INJURY OCCUMANTE TO THE TER. 217 LOCATION 218 LOCATION 219 EMPLOYED TO THE TER.	MINAL DISEASE OR CO 20e AUTOPSY? YES NO CITY OR TO In death occurred on the	200. IF YES, IN CERTIFY YES JURY IN ITEM 18, PA OWN date and hour AFF SICIAN	COUNTY and from the	NGS USED S OF DEATH NO [

90 CDHMH-16 25M (VRA 15, 4) 1/79

distributed the second control of 1 N 17379 For comin brixe 113- J-72 8 Supp D. maxis bill and order and floor

ending physician and completely filled in by the fund ad director, page 3 carbon papers. Pages 1 and 2 should be filed within 72 hours after death

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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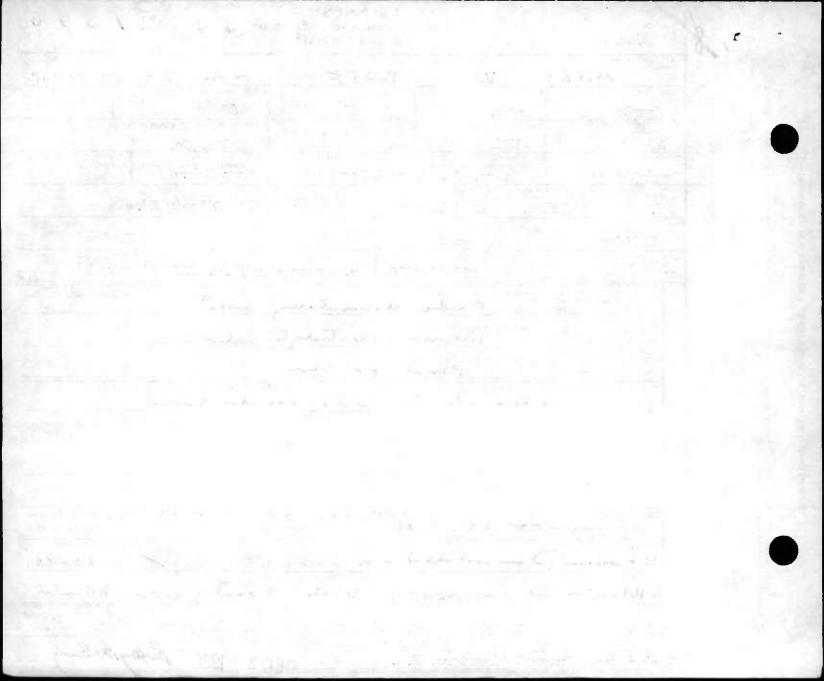
REGISTRAR		CERT	IFICATE OF DEATH	REG. I	٧٥.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
MAR	y W.	R	OFF	~ on.	26,	80	9:20 PM
sex female	4 RACE		E OF BIRTH DAY PEAR 2 21 94	6. AGE (IN YEARS LAST BE		NTHS DAYS	IF UNDER 24 HRS HOURS MIN.
FO. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHAT O	MARE	RIED WEVER MARRIED WED DIVORCED	Balto.	OR COUNTY O	FDEATH	MD
e city or town of death Randalls town	Balto.	co. Genero	e or other institution all Hospital	120 USUAL OCCUPA ITYPE OF WORK FOR MOST HOME Mak		12h KIND OF INDUSTRY	F BUSINESS OR
	INTY 113c. CII	idence before admission IY OR TOWN Ialls town	YES NO C	8912 Libe	rty Rd.		
4 FATHER'S NAME FIRST William R	MIDDLE WE	last PSt	Sarah	WIDDLE		Farland	
160 WAS DECEASED EVER IN U.S. A 1765, NO OR UNKNOWN) 11F YES, GI 170	VE WAR OR DATES)	8-05-6530	Mr. Seymour	Ruff Sr. 8	^{RESS} Randa 912 Libe	ellstow erty Ro	on, MD 2113.
	DUE TO, OR AS A	CONSEQUENCE OF	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 1(o	a
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION F	OR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 216. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MI P.M. 210 PLACE OF INJU	ONTH DAY YEA	211 LOCATION	RRED JENTER NATURE OF INJ		(ORPART 2)	STATE
22e I certify that (I) (this has sow the deceased alive a above, (I) (we (idid) (did in 22b SIGNATURE	of) view the body ofter de	19 80	and that in (my) (our) opinion DEGREE		Airi	22c. DATE S	
GHASSEM	POURMOT		Dalle.	Como	an	· Ho	nlol
236 BURIAL, CREMATION, REMOVA (SPECIFY) Ruman.	12/1/80	1	Live Cemetery	Randalls	town B	alto.	Md.

24 FUNERAL DIRECTOR 8728 Liberty Rd. ADDRESS Randallstown, MD 50. DATE REC'D.

Loring Byers Funeral Directors, P.A.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbon papers. with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending



ec.2,1980

Leonard J. Ruck Inc. Baltimore, Maryland

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

Gardens of Faith

REG. NO.

MONTH

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVA

KI ON

STATE

STATE

IF UNDER I YEAR

Cook LAST

YES 🗀

COUNTY

COUNTY

Baltimore

DFC

250. DATE REC'D. BY REGISTRAR 250. RESSTRAR'S SIGNATURE

1980

22c DATE SIGNED

Md.

DAYS

IF UNDER 24 HRS

2a. DATE OF DEATH

#1. G550 12/2/80 bal

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REGISTRAR

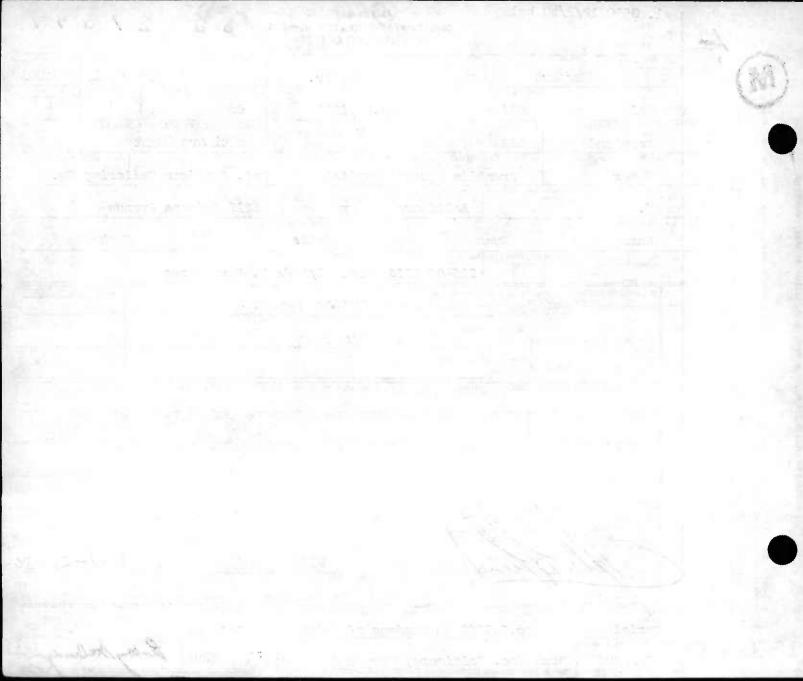
Burial

24 FUNERAL DIRECTOR

DHMH-16 25M

(VRA 15, 4) 1/79

. DECEASED NAME



(M)
O HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours ofter death. Page 4 min to be even by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours often draith with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
O HOSPITA	TO FUNERA should be de with the Stot

must be notified of once.

If them 21 is marked or them 18 shows any injury, or ather traumatic event, the medical exam

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	REGISTRAR		,	LKINICALL OF D	LATIII.	REG. NO.	
	DECEASED NAME FIRST		MIOOLE	LAST		20. DATE OF DEATH MONTH	OAY YEAR 26. HOUR
T	FRANCIS		В.	RYKOSKEY	- 3	November	14, 1980
3.	SEX	4. RACE	5.	DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	White	0	ctober 11,	1903	77 YRS	MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	MARRIED X NEVER M		9. BALTIMORE CITY OR COUN	
7	Czechoslovakia	U.S.			ORCED	Baltimore C	County
10). CITY OR TOWN OF DEATH	11. NAME OF	OSPITAL, NURSING H	OME OR OTHER INST		126. USUAL OCCUPATION	126. KIND OF BUSINESS OR
	Lutherville	4	HEACILITY, GIVE STREET ADDR 6 Thornhil	Road		Chief Mechanic	B & O RR
J.	SUAL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE ADM	AISSION)	TV LIALITED	12. CTREET ADDRESS	
		imore	Luthervil:	le YES	NO A	46 Thornhill	L Road
14	I. FATHER'S NAME				MAIDEN NAM		
1	Frank	MIDDLE	Rykoskey	Anna	FIRST 1	WHOOLE	unknown
16	a. WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY	NO. 17 INFORMAL	VĪ	ADDRESS	
	(IF YES, GIV	E WAR OR DATES)	320-03-289	Mrs. Vi	rginia	A. Rykoskey 46	Thornhill Road
F	II. CAUSE OF DEATH :Enter or	ly pne couse per	line for (a). (b), and (c)	1 .	11-	- //	METWEEN CHIEF AND DEATH
1	WARRY CONTACTOR SALAR CALLER			noka	100	ulme	ink
	4292		CONSEQUENC	E OF			
1	Conditions, if ony, which	(160	ASCI	D			3 ws
	gove rise to immediate	I DUE TO D	AS A CONSEQUENCE	Cos	10.20	00:	
	underlying couse lost.	(0)	circl	neri	sof	tens	3 yrs.
1	PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMI	MALDISEASE OR CONDITION (GIVEN IN PART 1(0)
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				0		
,	190. DATE OF OPERATION	196. COND	TION FOR WHICH OP	ERATION WAS PERFO	RMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
						YES NO	YES NO
	OR CONTRIBUTION CAUSE OF DE			YEAR 21c. HOW IN.	IURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM)	18 PART 1 OR PART 2)
	(IF EITHER NOTIFY MEDICAL EXAMINE	auri .		19			
	(IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	21e. PLACE	OF INJURY	211. LOCATIO	N	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK				-		
	22a 1 certify the (1) this hospi	tol) ottenied	-deceased from	14	719	, to 1114	. 19 Cho (I) (we) lost
	about (i) we (did idid no	Lyme the Mody	ofte death. 1950	, and that in (my)	our) opinion d	death accurred on the date and h	nour and from the causes stated
1	224 BIGNATURE	_ 1/0	11	DEGREE			22c. DATE SIGNED
	gearge	1.11	kmor	erm Di	HYSICIAN	DIRECTOR PHYSICIAN	11/14/80
	224 PHYSICIAN'S NAME THE	Barrier and the second		22e ADDRESS			
	George T. Gi.	lmore, M	I.D.	171	7 York	Road, Luthervi	lle, Md.
23	30. BURIAL, CREMATION, REMOVAL			E OF CEMETERY OR C		23d LOCATION	COUNTY - STARE
	Burial	11-17		laney Valle		Cockeysville	Maryland
	4. FUNERAL DIRECTOR		AD ODEC C			REC'D BY REGISTRAR TIL RE	May Me Cready
L	Ruck Towson Fune	ral Home	, Inc. Tow	son, Maryl	and NU	V 1 7 1980	

BP. DHMH-16 30M 2/80 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws any

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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	1	3	

250. DATE REC'D. BY REGISTRAR 256. RES

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REGISTRAR			CERTII	ICAIL OF DEATH	REG. N	10.		
1. DECEASED NAME FIRST	N	AIDDLE	1	LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
(TYPE OR PRINT) Marie	Ε	•	Ryl	and	November	20, 19	80	M
3 SEX	4 RACE		5 DATE O		6 AGE (IN YEARS LAST BI		ONTHS DAYS	
Female	Cauc		Dec.	6, 1897 YEAR	/ 8	32 YRS	DNIHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
Pennsylvania	USA		MARRIE	V	Baltim	ore Cou	inty	MD
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE)		OF BUSINESS OR
Woodlawn	5212	Overcres			Homemak	er		
SUAL RESIDENCE (IF NURSING HOME 130 STATE 136 COU Maryland Bal		Uoodlaw	N	13d INSIDECITY LIMITS? YES NO KX	13e STREET ADDRESS 5212 OVE	rcrest	Ave.	
14 FATHER'S NAME FIRST UNKNOW	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	NKNOMN WIDDIE	L	_andry៉	ST
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Robe	rt Preller	· EssEsaui	re	
No No	VE WAN ON DATES	213-14-	3661	32nd Floor	10 Light			o.Md.
18 CAUSE OF DEATH (Enter of	only ane couse per	line far (o), (b), and	dic.i	0 0 11				ONSET AND DEATH
PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	Congess	him	Keant Trill	ure.		104	low +
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost	(b)	RAS A CONSEQUE RAS A CONSEQUE	in	sufficience heart de	y (Theres	nofice	104	lenst
PART 2 OTHER SIGNIFICANT	CONDITIONS CO	That he	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	NDITION GIVE	N IN PART 10	0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
OR COLUMNIA CALIFE OF D		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURI	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PAR	RT 1 OR PART 2)	
OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did a	n Mario	19 1	80,01	nd that in (my) (aur) opinian	death occurred on the	dote and hour		that (I) (we) last causes stoted
22b. SIGNATURE	hen le	2	m. E		MEDICAL STA		IN DATE	1/80.
22d. PHYSICIAN & NAME (TYPE	OR PRINT)	1011				Balto.,		
Dr./Yu-Chen	Lee			University	Hospital,	Green S	street	
230. BURIAL, CREMATION, REMOVA	1.5 (2.5)			EMETERY OR CREMATORY	23d. LOCATION	(OUNTY	STATE
Burial	11/22/	80 1	New Ca	athedral Cem.	Baltimo	re,	Mary.	land

24 FUNERAL DIRECTOR 1630 Edmondson Aug. Catonsville, Md

Witzke Funeral Home of Catonsville, P.A. 21228

DHMH - 16 60M 1/75 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

The service of the se

Consideration of the Constitution of the Const

(TYPE OR PRINT) MINNIE AGE LIN YEARS LAST BIRTHDAY) 3 SEX MONTH YEAR 00 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED BALTIMORE MD USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13e STREET ADDRESS BALTIMORE 919 FAWN ST., 21202 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME HIDDLE MEVER ME WAS DECEASED EVER IN U.S. ARMED FORCEST LIET HO OF THRINOMH I LE YES, GIVE WAR OR DATES! 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ARREST IMMEDIATE CAUSE (a CONGESTIVE HEART Conditions, if ony, which gave rise to immediate cause (a), stating underlying couse DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Item 18 shows ntol Hygid ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDIC:41 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY Torked or CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (wg) (did) (did not) view the body after death. should be detached with the State Dept. DEGREE MPORTANT: IF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN

FOR

- STATE

23a BURIAL CRE

6010 REISTERSTOWN RD.

REGISTRAR

DECEASED NAME

DHMH - 16 60M 1/75 (VRA 15(4))

SOL LEVINSON & BROS., INC. 21215

BALTIMORE

BALTO., MD

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE

REG NO

2b. HOUR

80

DAYS

20 DATE OF DEATH

MARYLAND

22c. DATE SIGNED

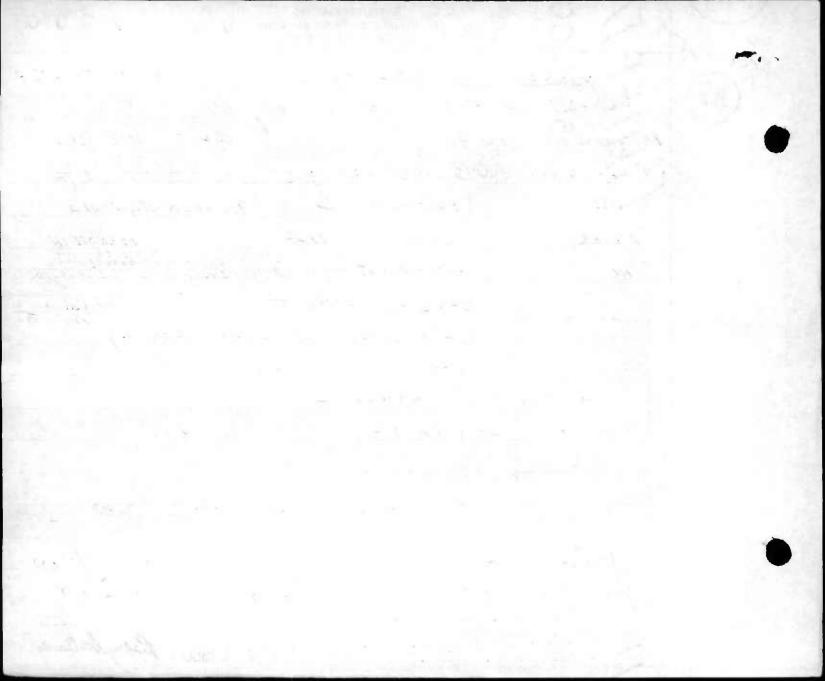
COUNTY

STATE

25a. DATE REC'D. BY REGISTRAR 25b. RE 5 1980

CREMATORY

HEBREW



	Ľ	FOR STATE REGISTRAR		TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	27701
೯೭		CEASED NAME FIRST DECEA	ORA MIDDLE ALPE	RT SALIN	AST SALINSKY	20 DATE OF DEATH MONTH	9 80 7.30 P
page 3	3 SE		T4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
S Tree,	3 36	FEMALE	CAMEACION	MONTE		85-1-5	MONTHS DAYS HOURS MIN
()		IRTHPLACE (STATE OR FOREIGN OUNTRY) USSIA	76 CITIZEN OF WHAT COUNTR USA	MARRIE	NEVER MARRIED	BALTIMORE CITY OR COL	
in by the filed with mustbe not	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS INF NOT IN SUCH FACILITY, GIVE STRE BALTIMORE CO	UNTY G	EN. HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE	IZB. KIND OF BUSINESS OF INDUSTRY AT HOME
should be fill	USU 13e	AL RESIDENCE (IF NURSING HOMEO STATE MARYLAND	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 13c CITY OR TO BALTIMO	ORE ADMISSIONS IWN RE	134 INSIDE CITY LIMITS?	13. STREET ADDRESS AT 6508 PARK HTS	PT. A S. AVE. #21215
0 6 2 d	14 F.	ATHER'S NAME ABRAHAM	MIDDLE KING	ob.	13 MOTHER'S MAIDEN NA FIRST SARA	H	UNKNÖWN
Pages 1 and Conf.		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] IF YES, GN	E WAR OR DATES!	-4988D		AL ALPERGRESS NE CT., APT. 2	B #21215
n signed by the attenchen please remove car to burial, cremation, to jujury, or other train	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF THE CONSECTION OF	OSCALA CO	-	- Vascular	
permit. Ti	CERTIFICATION	190 DATE OF OPERATION	3: Larenal }		was performed arley emb		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO T
is certificatial-transit plantal Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART I OR PART 2)
After this s the burieth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC]	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AL DIRECTOR: tached for use a te Dept. of Heal		obaye, (I) (we) (did) (did ng 22%. SIGNATURE	of view the bady ofter death.	80,0	DEGREE ATTENDING PHYSICIAN [death accurred an the date and	d hour and from the causes stated
TO FUNERAL should be detact with the State IMPORTANT:		DR . S . D			Bal. Cou	ulis Gener	al Hospital
F 88 8	230	BURIAL, CREMATION, REMOVAL SPECIFY! BURIAL	23b DATE 11/11/80		EMETERY OR CREMATORY EN CIRCLE	BALTTMORE	COUNTY MARY LAND

BP_

DHMH-16 25M (VRA 15, 4) 1/79

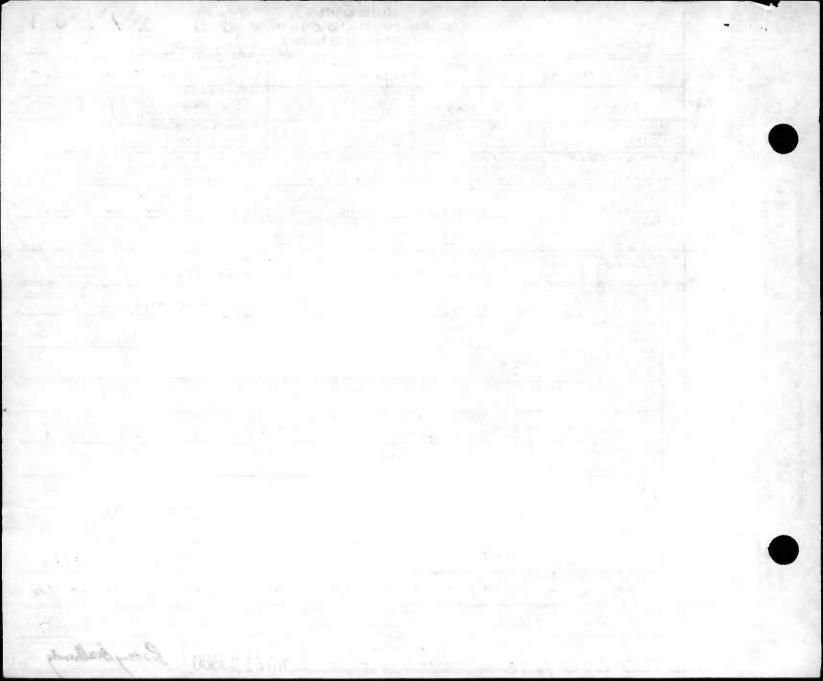
24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

21215

23C NAME OF CEMETERY OF CREMATORY WORKMEN CIRCLE

NOV 1 2 1980

BALTTMORE COUNTY MARY LANDE



(++	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8	O RE
(las) 7	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE O	F DEA
	(TYPE OR PRINT) Mildred	A.	Sanford		

4. RACE

3.5EK

CERTIFICATION

MEDICAL

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MPORTANT.

in by the funeral be filed within 72

DEFARI	CERTIFICA			itint o	REG. N	10.	ı.			
MIDDLE	LAST			20 DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	IR
A	San	ford	L			NOV	24,	1980	5	PM
	5. DATE OF BI	RTH		6 AGE (IN YE	RS LAST BI	RTHDAY)	IF UND	RIYEAR	IF UNDER	24 HRS
te	MONTH	23	O5	ス	5	YRS.	MONTHS	DAYS	HOURS	MIN.
WHAT COUNTRY	MARRIED	NEVER MA	RRIED [9 BALTIMOR	RECITY	OR COUNT	Y OF DE	ATH		

BIRTHPLACE ISTATE OR FOREIGN
COUNTRY)

76 CITIZEN OF WHAT COUNTRY?

8 MARRIED | NEVER MARRIED |

WIDOWED | DIVORCED |

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION
NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CITY OR TOWN OF DEATH

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CITY OR TOWN OF DEATH

CITY OR TOWN OF DEATH

126. USUAL OCCUPATION

(TYPE OF YORK FOR MOST OF WORKING LIFE)

126. WILL OCCUPATION

(TYPE OF YORK FOR MOST OF WORKING LIFE)

127. WILL OCCUPATION

(TYPE OF YORK FOR MOST OF WORKING LIFE)

128. WILL OCCUPATION

(TYPE OF YORK FOR MOST OF WORKING LIFE)

128. WILL OCCUPATION

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129. USUAL OCCUPATION

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121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF YORK FOR MOST OF WORKING LIFE)

120. WILL OCCUPATION

(TYPE OF YORK FOR MOST OF WORKING LIFE)

121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF YORK FOR MOST OF WORKING LIFE)

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(TYPE OF YORK FOR MOST OF WORKING LIFE)

120. WILL OCCUPATION

(TYPE OF YORK FOR MOST OF WORKING LIFE)

121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF YORK FOR MOST OF WORK FOR MOST

-		DALLIMOTO			10110	
	14 FATHER'S NAME		N. W. L. L. L. W	15 MOTHER'S MAIDEN	NAME '	
•	FIRST	MIDDLE	HAST .	FIRST	MIDDLE	LAST
J	John		Boildy	Jenny	-	Dansey
	160 WAS DECEASED EVER			17 INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	213-09-6693A	Mildred A.	(hristopherson,	15 W. West St. Be
		H (Enter only one cause per		1 0	11 +	APPROXIMATE INTER

	AUSE OF DEATH lEnter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Co	DUE TO, OR AS A CONSEQUENCE OF LANGUE VASAR STATES SHOWN LES CARDIE VASAR STATES SHOWN LES CARDIE VASAR STATES SHOWN LES CARDIE VASAR STATES SHOWN LES CARDIES VASAR STATES	
ca	verise to immediate use (a), stating the derlying cause last (C)	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

C C		_1					
90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTO		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES 🗌	NO 🗌	YES 🗌	NO 🗌	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTER NA	TURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)		

216. ACCIDENT WAS UNDERLYING TO ACCORD TO A CAUSE OF DEATH OR PART 1 OR PART

WHILE NOT WHILE AT WORK AT WORK AT WORK Sow the deceosed firm 5 - 20 - 7, 79 to 1 - 24 19 80, that #(w sow the deceosed alive an 0 > 28 19 80, and that in (my) (our) opinion death occurred on the date and hour and from the couses state that the couse state the couse state that the

sow the deceosed olive on above. (I) (we) (did) (did not) view the body after death

22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF

22c. DATE SIGNED

PHYSICIAN DARE (TYPE OR PRINT) DARSHAW S. SALUZZ ADDRESS

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Bb. Nuing Home

236. BURIAL, CREMATION, REMOVAL 236 DATE PRICED PARTY OF CREMATORY 236. LOCATION COUNTY STATE PRICED PARTY OF CREMATORY STATE PARTY OF CREMATORY S

Mo ully Furenal Home, 130 E. Fort Ave. Balto. Md.

NOV 2 5 1980

CITY OR TOWN

DIRECTOR PHYSICIAN

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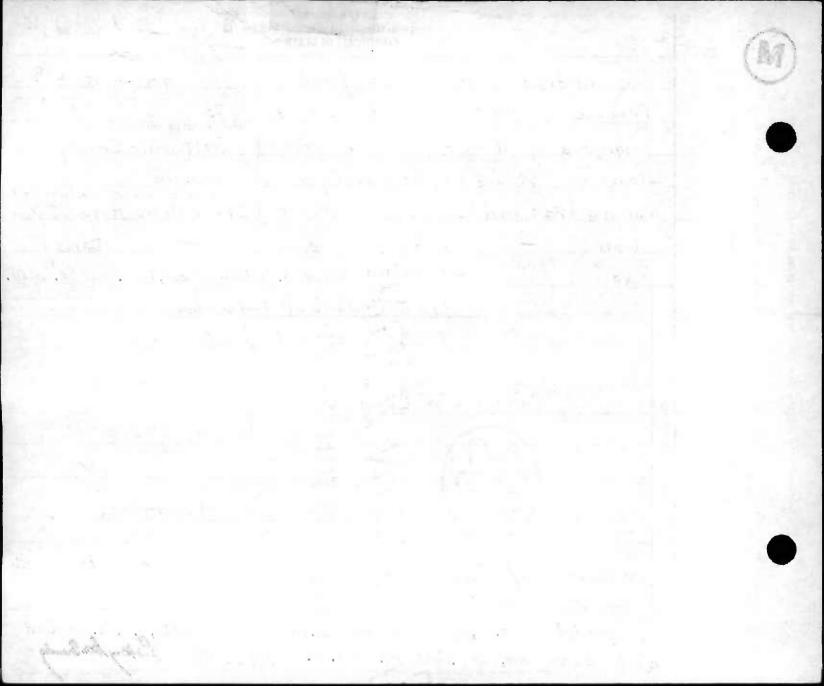
COUNTY

STATE

4003 BP_

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR



	1 -	FOR STATE REGISTRAR		MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	TENE 8 0	277	0 3
		OR PRINT) AD1	E LE		ARKEES	20. DATE OF DEATH MONTH	16 180	6:544
	3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1		Female	White	3	20 1908	72 v	RS	HOURS MI
19		RTHPLACE (STATE OR FOREIGN OUNTRY) New York	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OR COL		
56		TY OR TOWN OF DEATH	GBMC-6701 NEST	AD CHA	RLES ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) House wife	ING LIFE) INDUSTRY	of Business C DressMa
25 Be	USU/ 130. S	STATE 134 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW Belair		LI3d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 712 Bedford R		
	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM		LA LA	
20		Géorge	Doura		Zahra		Khoury	
) medico		VAS DECEASED EVER IN U.S. A res, no or unknown) { IF yes, G NO	RMED FORCES? 16b. SOCIAL SECU IVE WAR OR DATES) 091–22-		Mrs. Dolores	Kaidy, 712 Be		21014
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), or		C SHOCK			ONSET AND DEATH
injury, ar other	NOI	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (C)		NOT RELATED TO THE TERM AL INFARCTI	INAL DISEASE OF CONDITION	BE'FORE TO	01
9 gwsony	CERTIFICATION	190. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20g. AUTOPSY? 20b. I IN CI	F YES, WERE FINDS ERTIFYING CAUSES YES	NGS USED S OF DEATH?
Item 18 show		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
rkedor	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME STREET, FACTORY OFFICE,	FARM, ETC)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is ma			outal) attended the deceased from 11-16	20	-16 , 19 80 and that in (my) (aur) apinion of	death accurred on the date and		that (1) (we) lo
LT: If hem		22b. SIGNATURE	ee Vidana		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	. 11-	SIGNED
IMPORTANT: IF		22d. PHYSICIAN'S NAME (TYPE			GBMC-6701	N. CHARLES	ST.	
2		BURIAL, CREMATION, REMOVA SPECIFY) Burial			emetery or crematory ood Cemetery	23d LOCATION CITY OR TOWN Brooklyn	COUNTY	New Y
		F Lassahn, 117	60 BelairRd. Kings	sville	, Md. 21087 NOV		GISTRAR'S SIGNA	TURE

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		STATE REGISTRAR			CERTIFICATE OF DEA	ATH	REG. NO.		
	I. DEC	CEASED NAME FIRST OR PRINT) WILSO	ON Lero:	-	AUNDERS	20. D/	TE OF DEATH MONT	P 80	2
	3 SEX	MNE	4 RACE		S DATE OF BIRTH	YEAR	IN YEARS LAST BIRTHDAY)	MONTHS D	_
56	CC	RTHPLACE (STATE OR FOREIGN NUMBER)	U.S.A.	IAT COUNTRY?	MARRIED NEVER MAI	RRIED 1 BAS	TIMORE CITY <u>OR</u> CO	OUNTY OF DEATH	
55	3117	andallstown	I IF NOT IN SUCH FA	ACILITY, GIVE STREET AL	THOME OR OTHER INSTITUTION OF THE PROPERTY OF	TYPE O	SUAL OCCUPATION OF WORK FOR MOST OF WOR OCHANIC	12b. KIN	RY
35	13a S		OR OTHER INSTITUTION, GIV		I 134 INSIDE CITY		REET ADDRESS	ve. (21	207
230	14 FA	THER'S NAME FIRST James	MIDDLE Sat	unders	15 MOTHER'S M Fills Hatt	ST	MIDDLE	Long	LAST
	6a ₩ Y	VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) I IF YES, GI YES	VE WAR OR DATES)	SOCIAL SECUR 215 05 0	and the same of th	y Saun d er	21419RESS4 s Woodlaw	n, Md. 2	120
		Conditions, if ony, which gove rise to immediate cause 101, stofing the underlying cause lost.	DUE TO, OR A	S A CONSEQUEN S A CONSEQUEN S A CONSEQUEN	osclarol	i Hes	ert de	icas	
9	FICATION	Conditions, if ony, which gove rise to immediate cause (0), stating the	DUE TO, OR A DUE TO, OR A (c) CONDITIONS CON	S A CONSEQUENCE OF TRIBUTING TO S	DSCLOROLA NCE OF LADRAR CLIA		AUTOPSY? 20b	. IF YES, WERE FIN	DINC
	CERTIFIC	Conditions, if ony, which gove rise to immediate cause 101, stofing the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A CONDITIONS CON 196 CONDITION 216 TIME OF IN HOUR A.M.	IS A CONSEQUENT OF TRIBUTING TO BE	NCE OF STATE BUT NOT RELATED TO	AED 20a	AUTOPSY? 20b.	. IF YES, WERE FIN CERTIFYING CAU YES [IDINO SES O
9	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR A CONDITIONS CON 196 CONDITIO 196 CONDITION ATH HOUR A.M. P. M. 21e PLACE OF	S. A CONSEQUENT OF TRIBUTING TO SO TO FOR WHICH CONJURY MONTH DAY	OS CONTROL OF STATE O	AED 200 YES RY OCCURRED (E0	AUTOPSY? 286	. IF YES, WERE FIN CERTIFYING CAU YES [IDINO SES O
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STATE OF MARYLAND

The second to the W y mp mortified entel store follower to the companie of the companies of (NOSEE) he is the x x melboom omenities bushyse enders State city of Atta Cara Tim 2 115 05 01.2 Amn May Saunders Woodlawn, MS. 21207

64 . 18 10 X

entel 12/80 . live ca. samilaram, Palti., in Ind

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

completely

physicion

IMPORTANT: If them 21 is marked ar them 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the buriol-transit permit. Then please remove carbonpoper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

executed within 24 hours ofter death. Page 4 may be

2		FOR
1	-	STATE
		DECISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2

7 1

REGISTRAR			CENTIL	ICAIL OI	DEATH	REC	S. NO.			
. DECEASED NAME	FIRST	WIDDLE		LAST		20. DATE OF DEAT	H MONTH	DAY	YEAR	2b HOUR
(TYPE OR PRINT)	ernon	LeRoy	S	auter		HOTE	11	6	80	٨
SEX	4 RACE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	5. DATE O			6. AGE (IN YEARS LA	ST BIRTHDAY)		DER I YEAR	IF UNDER 24 HRS
Male	Wh	ite	2	B DAY	1917	63	YR	S. MONTH	S DATS	HOURS MIN
BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN O	F WHAT COUNTRY?	8.	DXX NEVER	ALABBIED [9 BALTIMORE CIT	_		EATH	
MD	US	'A	WIDOW		NORCED	Baltimos	re Cou	nty		M
. CITY OR TOWN OF DEAT		F HOSPITAL, NURSIN	G HOME C	OR OTHER INS	TITUTION	120 USUAL OCCU			L KIND C	F BUSINESS OF
Liberty Cres		Marston Ro				Stone Mo		-		ruction
SUAL RESIDENCE (IF NURSING STATE	G HOME OR OTHER INSTITUTION 3b. COUNTY	13c. CITY OR TOW	ADMISSION)	113d. INSIDE	TITY HAAITS?	13e STREET ADDRE	55			
MD	Baltimore	Liberty			NO X		larsto	n Rd.		
FATHER'S NAME	WIDDLE	LAST			SMAIDENNA				LAS	
Vernon	WIDDLE	Sauter	n	Mc	rble Xble	MIDD	lt.		67-14	anus
	U.S. ARMED FORCES			17 INFORM		Elinor V.	DRESS	0.10	1 One	NICHO
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES) WW II	217-01-58	949	7402 N		Rd. Bal			2.120	07
18 CAUSE OF DEATH	(Enter only one couse p				-	114.3 24.0	ZDINOT G			IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WA	S CAUSED BY:	CHRBI	DREC	SIPFTG	Ry	ACRES				SINGE! AND DEATH
111111	MMEDIATE CAUSE (0)_	Child	70	7.20	1	10)11				
7100		OR AS A COMSEQUE	4. 41	11	0)					
Conditions, if any, gove rise to imme		PUL,	MOM	119	200	,201				
couse (a), stating	the DUE TO	OR AS A CONSEQUE						-		
underlying couse	lost.	AGTER!	o sel	EROTE	- He	HAT DI	SETTS			
	FICANT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATE			ONDITION	GIVEN IN	PART 1	01
6 MAS	SIVE M	YOCHADI.	h	INRA	CTION;	DIXBETT	5 1	etre	170	S
198. DATE OF OPERATI	ON 19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?				NGS USED OF DEATH?
Ē						YES NO[_	YES	CAUSES	NO [
	110110	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW II	JURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18, PART 1 O	R PART 2)	
OR CONTRIBUTING C	OSE OF DEATH	P.M.	19	- 33-2						
(IF EITHER NOTIFY MEDICAL STATE OF THE STATE	D 21e. PLAC	E OF INJURY		211 LOCATI					OLINITY	41175
WHILE NOT WHILE	E 1	STREET, FACTORY, OFFICE, FA	ARM, ETC)	STREE		CITA	ORTOWN	,	OUNTY	STATE
22a.1 certify that (I) (this hospital) attended		NOI	EMOS	14,19	79, to_NO	V645	5(18)	1950	that (I) (we) lost
saw the deceased	d) (did not) view the box	OVEMBERS	1980,0	nd that in (my	(our) opinion	death accurred on the	ne date and l	hour and	from the	couses stated
22b. SIGNATURE	a) did not) view the boy	oner deam.		DEGREE	75.7			2	2c. DATE	SIGNED
191111	well le	vals			ATTENDING PHYSICIAN	MEDICAL PH	STAFF		11)	17/80
22d. PHYSICIAN'S NA	AE (TYPE OR PRINT)			22e ADDRE		ZOMECTON [] TIT	13ICIAIT 🔲		- +	/
1900118	de ou	51d 11	>	3	502	choyo	IN KA	AN		
30. BURIAL, CREMATION, R	EMOVAL 23b, DATE	(122.)	IAME OF C	EMETERY OR	CDEMATORY	23d LOCATION	,,,	" -		
(SPECIFY) Buria				ve Ceme		Dielocation	Sville	cou	ltime	STATE
Due la	11/1	0100 120.	000	ve veine	very	LUNES	DULLE	Bai	Ltime	ore MD

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar ottending physician

DHMH-16 30M 2/80 (VRA 15, 4)

P.A. 250. DATE REC'D.

8728 Liberty Rd., Randallstown, MD 21133

NOV 7

1980

Baltimore MD

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\	(17	PE OR PRINT)			Dir.						10.110011
1				R. R.		ABDACH		6 AGE (IN YEARS LAST BIRT	11	04 80	IF UNDER 24 HRS
<i>.</i>	3. S		4 RACE		5. DATE C	DAY Y	YEAR		HDAY)	MONTHS DAYS	
	L	FEMALE	CAUCA		12	04 05	5	74	YRS		
26		BIRTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRI	IED 🗆	BALTIMORE CITY O			
1>		Maryland	U. S		WIDOWE			BALTIMO			WD
52	10	TOWSON		HOSPITAL, NURSIN JOSEPH H			ION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOMEMAKE)	F WORKING	LIFE) INDUSTRY	of Business or n Home
-0	US 13a	JAL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTIO		ADMISSION)	13d INSIDE CITY LIV	LAJTS2	13e STREET ADDRESS			
3	MA	RYLAND BAL	TIMORE			YES NO	X	114 RIDG	ELY	ROAD	
30) 14.	Ernest	MIDDLE	Raussch		is. mother's mail Lena	IDEN NAM	MIDDLÉ		Runge	.57
1	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55		
1		NO	TE WAR ON DATES	216-36-	4532	Mrs. Elai	ine E	. Cirri s	ame a	ıs # 13	
	Г	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse p	er line for (a), (b), an				-	,	APPRO: BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	П		ATE CAUSE (0)_	Possible	M	yocambio	AL	INFORCTI	No		
		4100	DUE TO,	OR AS A CONSEQUE	NCE OF	,					
		Conditions, if any, which gave rise to immediate	(b)_	880	VD						
	ı	couse (a), stating the underlying couse lost	DUE TO,	or as a conseoue	NCE OF						
	١,	PART 2. OTHER SIGNIFICANT	-	1			HE TERMI	nal disease or con	DITION G	IVEN IN PART 1	(0)
	وَّ		MENSI			38785					
2	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	D	20a AUTOPSY?		ES, WERE FIND IFYING CAUSE	
d	Į į							YES NO		res 🗌	NO 🗌
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	110110	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY	OCCURRI	ED (ENTER NATURE OF INJUI	RY IN ITEM 18.	, PART 1 OR PART 2)	
1	S	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) [P.M.	19						
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE [E OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
		AT WORK AT WORK									
	1	22a.1 certify that (1) (this has	pital) ottended	the deceased from_	Sylve	E 18 19	80	_, to	29		that (I) (we) los
		obove, (I) (we) (did) (did i					opinion d	eath occurred on the de	ote and ha		
	П	22b. SIGNATURE	/	1		DEGREE ATTEN	IDINIC	MEDICAL STA	c.c		ESIGNED
		Ximas A	, and	3h		MY PHYSI	ICIAN D	DIRECTOR PHYSIC	IAN 🗌	11-0	5-80
1		72d. PHYSICIAN'S NAME (TYPE				22e ADDRESS		3 D-7:-		Ma 1 -	
		Donato Varga	as M. D.		77	6010 A	ork F	Road, Balti	more,	Maryla	ind ZIZIZ
	230	BURIAL, CREMATION, REMOVA	L 23b. DATE			EMETERY OR CREM		23d. LOCATION	Service -	COUNTY.	STATE
		Burial	11/7/	'80 Mo	relan	d Mem. Cer	merer	y Parkvil	le, E	Balto.,	Mary Land

MIDDLE

DHMH - 16 50M 1/76 (VR A 15 (4))

24. FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 212

FOR

REGISTRAR

DECEASED NAME

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

2b HOUR

20 DATE OF DEATH MONTH

Parkville, Balto., Maryland

THE PERMITS OF STATE OF STATE

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TIV SINGELY FOND	2	month bandlines	PARYLAND

3 10 10 13	160	MEDICAL CENTERCATION	23
35	150 1	2	
niner must be notilled. It accom	nedical exa	IMPORTANT: If Hem 21 is marked ar Item 18 shows any injury, ar ather traumatic event, the medical examiner must be	≦-
		with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.	3
etely filled in by the support the page. 2 should be filled	Podes I ond	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full of the should be detached for use as the burial-transit permit. Then please remove carbonapapers, Pages 1 and 2 should be filled.	The shall
vithin 24 hours after recent rage 4 may be	executed	TO NO STITUL OR A HENDING PATSICIAN. The law requires that the death certificate be executed within 24 havrs after death clade, 4 may be retained by the haspital or attending physician.	j =
RYLAND 21201	MORE, MA	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	1

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		STATE REGISTRAR				CERTIF	ICATE OF	DEATH	REG. N			
1		CEASED NAME	FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 30
1			Agnes		C.	Schae	chtel		NOV C.	1980	f	3-40 M
_	3 SEX			4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	HOURS MIN
g		F		W		Decer	mber 2	1, 1900	79	YRS	MINS	HOURS MIN
И	Jo. BIR	RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	- Tr NEVED	MARRIED [9. BALTIMORE CITY C	R COUNTY C	F DEATH	
Н		Md.		US	SA	WIDOWE		NORCED	Baltimore	County	7	MD
J	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NU	IRSING HOME C	OR OTHER INS	TITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
ď	To	wson				Hospita	al		Clerical	OF WORKING LIFE)	Opti	cian
0	USUA 130 S	L RESIDENCE (IF	URSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE		13d INSIDE	CITY LIMITED	13e STREET ADDRESS			
7		Md.		timore	Balti		YES T	NO K	602 E Wal	ker Ave	2.	
1	14 FA	THER'S NAME						S MAIDEN NAM	AE .			
Ĉ				Cadder					largaret 0'		LA	ST
١		AS DECEASED EV ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)		SECURITY NO.	17 INFORM		ADDR			
ı		No			218 18	7751B	Mr.	Peter J.	Schaechte	1 602	Walke	r Ave.
		18 CAUSE OF DE	ATH (Enter or	ly ane cause per	line far (a), (b	and (c			0		BETWEEN	ONSET AND DEATH
١		PARTI, DEATE	IMMEDIA	E CAUSE (a)	acu	te my	ACREA	1 An	Padetin		ensil	tart
ŀ		4100		DUE TO O	RAS A CONSI	EQUENCE OF		U				
ı		Canditions, if a	iny, which	(b) C	Colors	racker	to Co	Eleva	spela D.	caeasi	151	ens
1		gave rise to cause (a), ste		DUETO	R AS A CONSI	EQUENCE OF						
١		underlying ca	use last	((c)	N AS A CONSI	LOOLIVEE OF						
1		PART 2 OTHER S	IGNIFICANT (ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATE	TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	a
ı	CERTIFICATION											
	S E	190 DATE OF OPE	RATION	196 COND	TION FOR WI	HICH OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDI	NGS USED S OF DEATH?
-	H								YES NO X	YES	CAUSES	NO [
	E	210. ACCIDENT WAS				D. W. MEAR	21c. HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	T 1 OR PART 2]	
1	AL	OR CONTRIBUTING (M. MONTH	DAY YEAR						
1	MEDICAL	21d. INJURY OCC		21e. PLACE	OF INJURY		21f. LOCATI					
1	2	WHILE NO	T WHILE WORK	(AT HOME, STE	REET, FACTORY, OF	FICE, FARM, ETC.]	STREET		CITY OR TO	MN	COUNTY	STATE
1		220.1 certify that	(I))(this haspi	tal) attended th	e deceased fr	om. 00	7 /3	19.80	10 NOV	/ 19	Po.	that (1) (we) last
				VAV		120	d that in (my	aur apinian d	eath accurred an the d		0 4	
1		22b. SIGNATURE	Maid (did no	t) view the bady	after death.		DEGREE				22c. DATE	SIGNED
ı		Day Or	6 -	n no	0. 1	+ 11		ATTENDING	MEDICAL STA		NOV	6 1000
Н		22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)	Jan	1 1-8-3	22g. ADDRES	PHYSICIAN A	DIRECTOR PHYSIC	IAN	Dis	41980
		11/11-	n 17	/	1000	m MX	422	25 19	EDICAC.	xx13	BLDF	
+	22- DI	IDIAL CREMATIC	K A		12 pm	-	17.	LLTIMI	ORE M	2	001	
	(SI	JRIAL, CREMATIO PECIFY) Buri		236 DATE 11/1(New Ca			23d COCATION CITY OF TOWN Baltimor	o Ma	DUNTY	STATE
ŀ	24 FII	NERAL DIRECTOR		11/10	7/00	new ca	cileura.		REC'D. BY REGISTRAR		D'C GICNIAI	TUDE
		NAME		ID HOME	ADDRES		Venls D	INDV	1 2 1980	LICE GISTRA	KOL	UKE
1	PIL	TCHELL-W	TENELE	IN HOME	, INC.	UUCO	York R	u.	7 10 1000	. /		7

DHMH - 16 50M 1/76 (VR A 15 (4))

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STATE OF MARYLAND

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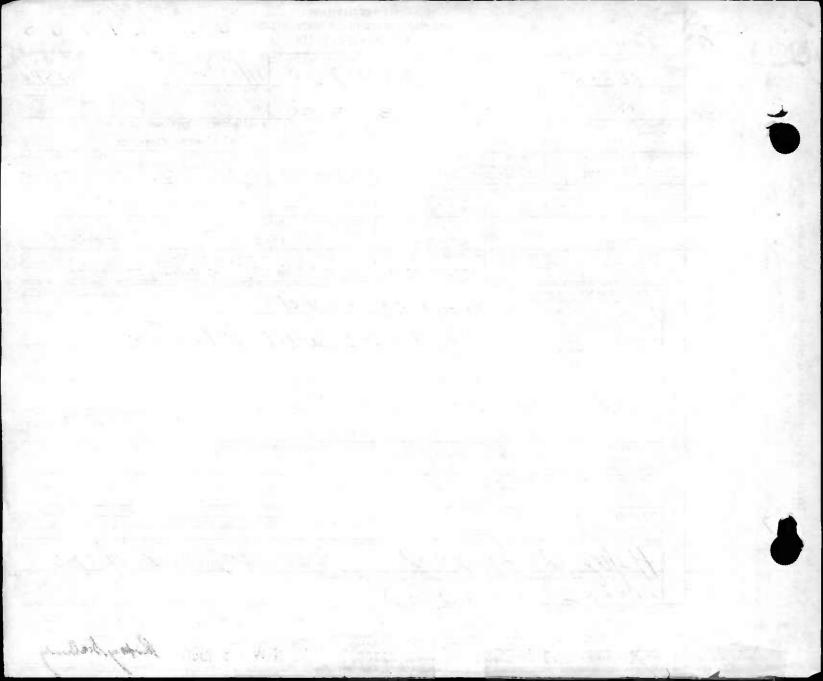
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3 SE:	X	4 RACE		5 DATE OF MONTH	BIRTH	YEAR	& AGE IN YEARS	LAST BIRTHDAY)		OAYS HOURS	
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	ITY OR TOWN OF DEATH	LIE NOT IN SUCH E	OSPITAL, NURSING	DORESS)			12a USUAL OCC	MOST OF WORKIN	GLIFE) INDU	IND OF BUSIN	NE
	ındallstown	Baltimor	e County	Gener	al Hos	spital	Schedule	r-Balt.	. Ga.	s & Ele	20
USU.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GI	IVE RESIDENCE BEFORE A	DMISSION)	3d INSIDE CI	ITY LIMITS?	13. STREET ADD	RESS			
	MD Balt		Rockdale	1	YES 🗌	NO MA	13. STREET ADD	Gaither	r Road		
14 F/	ATHER'S NAME FIRST	MIDDLE	LAST	1		MAIDEN NA	An An	IDDLE		LAST	
	Howard		Schaffer	p	-	Catheri	ne		Em	merick	
160	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) 114 YES, GR	RMED FORCES? I	SOCIAL SECUR	ITY NO I	1 INFORMA	NI Mrs	Nelle Sc	ADDRESS			
			215-03-08	573 3	3414 Go	aither	Rd., Bal	timore.	MD	21207	
		(11 11116	1 4	2	11/01	1 . 411	Macki	m		
	Canditions, if any, which gave rise to immediate cause iai, stating the underlying cause last PART 2 OTHER SIGNIFICANT	(c)	AS A CONSEQUEN		OT RELATED	Wal	L Sup	RCONDITION	GIVEN IN PA	ART 1(a)	
ERTIFICATION	pave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT OF OPERATION	CONDITIONS CON	NTRIBUTING TO DE	THE BUT N	PACL WAS PERFO	RMED	200 AUTOPS	72 20b. IF	YES, WERE P RTIFYING CA YES	FINDINGS US AUSES OF DEA NO	ATI
AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CON 196 CONDITIONS 196 CONDITIONS 196 CONDITIONS 196 CONDITIONS 197 CONDITIONS 198 CO	ATRIBUTING TO DE	TERROOM YEAR	PACL WAS PERFO	RMED	200 AUTOPS	72 20b. IF	YES, WERE P RTIFYING CA YES	FINDINGS US AUSES OF DEA NO	AT
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	gave rise to immediate cause 101, stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp	CONDITIONS	INJURY FINJURY T, FACTORY, OFFICE, FAR	YEAR 19	WAS PERFO	JURY OCCUR	200, AUTOPS YES N RED JENTER NATURE	72 ZOB. IF IN CEI OF INJURY IN ITEM Y OR TOWN	YES, WERE I RTIFYING CA YES 18, PART I ORPA COUN	FINDINGS US AUSES OF DEA NO ART 2)	ST/
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DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afr retained by the hospital or attending physician.

8728 Liberty Rd., Randallstown, MD 21133



	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 2	7 7 0 9
be see that		CEASED NAME FIRST ANNA	C.	SCHEEL	20. DATE OF DEATH MONTH	13 80 2:45 A
ge 4 moy	3 SE	Female	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 99	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
death. Page uneral direct hin 72 hay.		RTHPLACE (STATE OR FOREIGN OUNTRY) NEW MARKET MARYLAND	76 CITIZEN OF WHAT COUNTRY		A DALTHAODE CITY OF COURT	4
offer will be dear		ity or town of death	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) 12 KIND OF BUSINESS OR INDUSTRY
AND 2120	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)	OTHER INSTITUTION, GIVE RESIDENCE BEFINE TY 134 CITY OR TO Middle	WN 136 INSIDE CITY LIMITS?	19 Harrison E	
MARYLAND 2120 ted within 24 hours ond 2 should be file ond 2 should be file		JOHN	MIDDLE LAST SCREE	15 MOTHER'S MAIDEN N. FIRST EMMA	AME MIDDLE	POOLE
BALTIMORE, cote be executioned account of pages. Pages in your, the medical int, the medical int.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166. SOCIAL SEC WAR OR DATES) 220. 44		n, Item 13	
W. PRESTON ST., of the death certific of the attending ph se remove corbonp c, cremation, or rema		PART I. DEATH Enter on PART I. DEATH WAS CAUSE IMMEDIATED TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		LENCE OF Hyperteur	Desease Sasto enter	BETWEEN ONSET AND DEATH
20 ses	CERTIFICATION	PART 2 OTHER SIGNIFIGANT (elets	DEATH BUT NOT RELATED TO THE TER. THOPERATION WAS PERFORMED THE TERMED TO THE TER.	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN, tending phys this certifico he buriol-tron and Mentol Hybrid door litera 18	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED WHILE AT WORK AT WORK	216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM)E	, PART 1 OR PART 2) COUNTY STATE
DSPITAL OR ATTENDI Caby the hospital or UNERAL DIRECTOR: A bos detroched for use he State Dept. of Heal		220.1 certify that (1) (this haspi saw the deceased alive an	of view the body ofter death. A Blok	ond that in (my) (our) opinion DEGREE ATTENDING	n deoth accurred on the date and his DIRECTOR PHYSICIAN	19.80, that (1) (we) lost pur and from the couses stated 221. DATE SIGNED 11-13-80 FMd 21220
O D O D Bb Cetain With I M O D M O T O T O T O T O T O T O T O T O T O	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY	New Market, F	county state
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FU	UNERAL DIRECTOR	lesworth, P. ADDRISS	25a. DA	TE REC'D. BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
			100		THE RESIDENCE OF THE PERSON OF	

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death certificate be

ATTENDING PHYSICIAN: The law requires that the aspital ar attending physician.

12	1	STATE REGISTRAR	DEP		TH AND MENTAL HYG TE OF DEATH	REG. N		, ,	
P		Magda	lena **	Schm	idt	20. DATE OF DEATH	mber 16	, 1980	2b. HOUI
	3.5E		4. RACE	5. DATE OF BI		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER
35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CITY C Baltim			
politied 7	10.5	ossv. LLe	11. NAME OF HOSPITAL, NU		THER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR WOST OF	ON OF WORKING LIFE)	12b. KIND OI INDUSTRY	Hon
35	13a. S	AL RESIDENCE IF NURSING HOME OF		TOWN 13d	INSIDE CITY LIMITS?	13e. STREEL ADDRESS	n AL	da	DR,
examine O	14 FA	THER'S NAME FIRST	MIDDLE SCASI	Y 15.	MOTHER'S MAIDEN NA	AREV		EINBA	ch
medicol		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) [IF YES, GIV	MED FORCES? 166 SOCIALS VE WAR OR DATES) 216 46	SECURITY NO. 17	INFORMANT	7m. Ly	Recor	ds	L.
ar ather traum		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(c)	EQUENCE OF					
njuny.	N O	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NO	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(o	1
Z aws any i	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION W	AS PERFORMED	286 AUTOPSY?		WERE FINDIN	
dar Item 18 sh	MEDICAL CER	2 tg. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEL		19 211	HOW INJURY OCCURE	RED (ENTER NATURE OF INJU		COUNTY	5
21 is morked	-	27e I certify that (I) (this haspi	oon November 14;	Novembe	r 14, 19 80	, toNOVEMD			hot (1) (
T. If hem		72b. SIGNATURE A MA	my view the body ofter deoth.	DEG	REE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE S	
PORTANT		22d MANG DE L A		M D 220	ADDRESS 4000 FR	ANKLIN	AUAR	C h a	146

TO HOSPIT. retained by

DHMH-16 30M 2/80 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL 238. DATE 236. NAME OF CEMETERY OR CREMATORY 230. LOCATION BOOK 1500 POR 1500 P

23b. DATE

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TAL	y the	RAIL	detac	tate D
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m	etained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been coned by the attending physician and completely filled in by the financial direction	should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hour	with the State Dept, of Health and Mental Hygiene priar ta burial, cremation, ar remaval.
0	etai	TO	shou	with

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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9	0	fine		•	

						REG, N				
	ECEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH		DAY Y	EAR	b. HOUR
	IRENE	ADA	SCHNE				11	14 8	30	12.30A
3. SE	FEMALE	4 RACE White	5. DATE	OF BIRTH	1895	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS		HOURS MIN
70. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	ED NEVER	и молго П	9. BALTIMORE CITY		Y OF DEA	TH	
	Maryland	United S	tates WIDOW	ED INEVER	IVORCED []	Baltimo	re Co	unty		M
E	CITY OR TOWN OF DEATH Baltimore		Cove street Address)	lome	NOITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST ON THE NO. 1)	DE WORKING I			BUSINESS OF
I I		OTHER INSTITUTION, GIVE RES ITY TELL 13, CIT FT	IDENCE BEFORE ADMISSION TY OR TOWN I endsville	13d. INSIDE (CITY LIMITS?	13e STREET ADDRESS	132 F	riend	svi	lle. Mo
14 F	FATHER'S NAME FIRST John	widdle Whet	stone		S MAIDEN NAM	WE		iend	LAST	
160 \	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!	7-07-6553-	D J. FY		Schneider		kville	e. M	1d .
	18 CAUSE OF DEATH (Enter on	ly one couse per line for	(a), (b), and (c)				, 11001			ATE INTERVAL
1.00	PART I. DE ATH WAS CAUSE	D BY:	Candra	bul	monay	agnest		BET	7 1 1	utes
	Conditions, if any, which	DUE TO, OR AS A	CONSEQUENCE OF	amo	Belond	II COINC	LoVan	la	Yea	rs
N.	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A C	CONSEQUENCE OF	T NOT RELATED	B CLONS	INAL DISEASE OR COM	DITION GI	ne	Yea	rs
TIFICATION	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A (CONSEQUENCE OF			NAL DISEASE OR CON 700 AUTOPSY? YES NOW	20b. IF YE	ne	RT 1(o)	S USFD
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A ((c) CONDITIONS CONTRIBUTION FOR	CONSEQUENCE OF UTING TO DEATH BU	ON WAS PERFO	DRMED	20a AUTOPŠŸ?	20b. IF YE	VEN IN PA	RT 1(o)	S USED F DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse 01, stating the underlying couse lost PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONTRIBUTION S CONTRIBUTION S CONTRIBUTION FOR A.M. MORE A.M	CONSEQUENCE OF UTING TO DEATH BU OR WHICH OPERATION TY ONTH DAY YEAR 19	ON WAS PERFO	DRMED	20a AUTOPSY? YES NO X	20b. IF YE IN CERTIN Y	VEN IN PA	RT 1(o) INDING USES O	S USED F DEATH?
	gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE	DUE TO, OR AS A (C) CONDITIONS CONTRIBUTION FOR THE CONDITION FOR	CONSEQUENCE OF JTING TO DEATH BU OR WHICH OPERATION ON THE DAY YEAR 19 IRY ONY, OFFICE, FARM, ETC.] sed from 19	21c. HOW IN	DRMED NJURY OCCURR ON	YES NO X	20b IF YE IN CERT YE	VEN IN PA S, WERE F FYING CA ES COUNT 19	RT 1(o) INDINCUSES O	SS USED F DEATH? NO STATE
	gove rise to immediate couse [0], stofting the underlying couse lost the underlying couse lost part 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE O	DUE TO, OR AS A (C) CONDITIONS CONTRIBUTION FOR A.M. MORE A.M. MO	CONSEQUENCE OF JTING TO DEATH BU OR WHICH OPERATION ON THE DAY YEAR 19 IRY ONY, OFFICE, FARM, ETC.] sed from 19	210. LOCATI STREET	ORMED NJURY OCCURR ON 19 (XXX) opinion o	200 AUTOPSY? YES NO X ED (ENTER NATURE OF INJU	20b. IF YE IN CERTI Y Y RRY IN ITEM 18,	VEN IN PA S, WERE F IFYING CA ES PART I OR PAI COUNT 19 8 ur and from	RT 1(o) INDINCUSES O	STATE of (I) (MX) loss uses stoted
	gove rise to immediate couse [0], stating the underlying couse lost part 2. OTHER SIGNIFICANT (190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 191 (IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 190 OF OPERATION 190 OF OP	DUE TO, OR AS A (C) CONDITIONS CONTRIBUTION FOR A.M. MORE A.M. MO	CONSEQUENCE OF UTING TO DEATH BU OR WHICH OPERATION TO DAY YEAR 19 URY ORY, OFFICE, FARM, ETC.	210. LOCATI STREET	ORMED AJURY OCCURR ON 19 (XXX) opinion of the physician of the physici	200 AUTOPSY? YES NOW ED (ENTER NATURE OF INJU CITY OR TO: Beath accurred on the d	20b. IF YE IN CERTIL Y RY IN ITEM 18,	VEN IN PA S, WERE F IFYING CA ES COUNT 19 22c. 1	INDINCUSES O	STATE of (I) (MX) loss uses stoted

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NOV 2 0 1980

Oakland, Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

Bradley A. Stewart

BP.



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dill should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hour with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

H	1	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND IEALTH AND MENTAL H ICATE OF DEATH	HYGIEN	REG. NO	2	7 7	12
1		CEASED NAME OR PRINT)	FIRST	SARA ^	AIDDLE K.	CHL	ICHOT	20	DATE OF DEATH	MONTH DAY	YEAR 1980	26 HOUR
I	3. SEX	FEMALE	7.77	4 RACE WHITE		5 DATE O	OF BIRTH	6	AGE (IN YEARS LAST BIRTI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
3	cc	RTHPLACE (STATE OR FO DUNTRY) VIRGINIA		USA	WHAT COUNTRY?	WIDOW	D NEVER MARRIED		BALTIMORE CITY O	RE COU	NTY	MD.
5	RA	TY OR TOWN OF DEA NDALLSTOWN	1	BALT IMO	RE COUNT	GEN	. HOSPITAL		USUAL OCCUPATE YPE OF WORK FOR MOST OF PROPRIETO	WORKING LIFES	INDUSTRY	L STORE
5	13a S	AL RESIDENCE IN NURS STATE IARYLAND	BALTO	ITY	GIVE RESIDENCE BEFORE 136. CITY OR TOWN BALTO.	ADMISSION) N	13d. INSIDE CITY LIMITS		street ADDRESS 130 SLADE	AVE.,	APT.	506 #2120
U		THER'S NAME FIRST JACOB			CHWARTZ		15 MOTHER'S MAIDEN FIRST MINNIE		WIODLE		EIN	ST
4		VAS DECEASED EVER VES, NO OR UNKNOWN) NO	IN U.S. AR/	MED FORCES? WAR OR DATES)	214-22-6		ISLAND AVE.		MICHAEL ^D SC .W WASH		, DC 2	0 RHODE 20036
	ION	gove rise to improve (a), stofin underlying couse	lost	(c)	R AS A CONSEQUE		NOT RELATED TO THE TE	TERMINA	AL DISEASE OR CONF			
1	CERTIFICAT	IN DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERÁTIO	IN WAS PERFORMED		YES NO	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	NGS USED S OF DEATH? NO
	-	218. ACCIDENT WAS UND OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA		M. MONTH DA	YEAR	214 HOW INJURY OCC	CURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART	1 OR PART 2]	
	MEDICAL	21d. INJURY OCCURI	HILE [21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC	211 LOCATION STREET		CITY OR TOW	'N	COUNTY	STATE
		220. I certify that (I) sow the decease above, (I) (we) (c) 22b. SIGNATURE	ed olive on.		19)	nd that in Imy) (aur) apini DEGREE ATTENDING PHYSICIAN	1G /	to	F /		
/	d	HALL H	AME ITYPE OF	PRINTI /	SYED	m·i	Ballimo:	rec	County	Gener	al	HOS pile
	23a. B	BURIAL, CREMATION, SPECIFY BURIA		23b. DATE OCT.10			EMETERY OR CREMATOR FRIENDSHIP		23d. LOCATION CITY OR TOWN BALTIMOI		YTHUC MA	STATE RYLAND
ı	24 FL	JNERAL DIRECTOR	SOL	LEVINS	N & BROS.				C'D. BY REGISTRAR	25h. REGATRA		

DHMH-16 25M (VRA 15, 4) 1/79

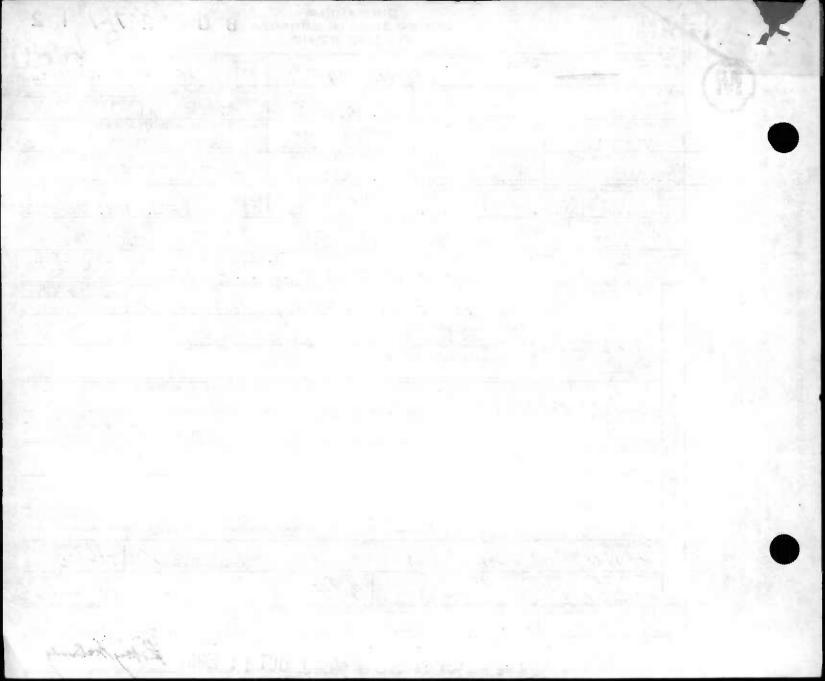
24 FUNERAL DIRECTOR
NAME
6010 REIST

REISTERSTOWN RD.

BALTO., MD

21215

1980



	1 DE	STATE REGISTRAR CEASED NAME FIRS	ī	MIDDLE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	O. MONTH DA	Y YEAR	12b. HOUR
		OR PRINT)		cibajlo	(Scit	paylo)	November		30	11:15A
	3. SE		4 RACE	0.2-4.)2-	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HR
1		male	white		July	y 22,1887	93	YRS	DAYS DAYS	HOURS MIN
1		RTHPLACE (STATE OR FOREIGN		F WHAT COUNTRY?	8. MARRIEC	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	F DEATH	7 7 7
6//		stria-Hungary		JSA	WIDOWED	D DIVORCED	Baltimore			A
58		Towson	OF NOT IN SI	oseph Hosp	oital	ROTHER INSTITUTION	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Laborer		INDUSTRY	Mill
	13a. S	AL RESIDENCE (IF NURSING HO STATE aryland	OUNTY	Baltimor	N I	136. INSIDE CITY LIMITS?	13e STREET ADDRESS 2303 Pent	land D	rive	
E C	14. FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAI	51
300		Gregory		Scibajlo		Natalia			Zinko	rW .
2 medico		VAS DECEASED EVER IN U. YES NO OR UNKNOWN) (1F Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	272-01-1		Maria K.Scib	ajlo 2303 E		d Driv	re
rent, the		18 CAUSE OF DEATH (Em	ter only one couse p	er line for (o), (b), onc	d (c).)	ive heart fai			BETWEEN	IMATE INTERVAL ONSET AND DEAT
injury, or other	NOI	PART 2. OTHER SIGNIFICA	ANT CONDITIONS	ONTRIBUTING TO D	EATH, BUT N	NOT RELATED TO THE TERMI	INAL DISEASE OR CON			
ony	₹	190. DATE OF OPERATION	. 19b. CON	DITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYI	WERE FINDI	OF DEATH?
	TIFIC						YES NO	YES		NO 🗌
Shows	CAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX)	OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c. HOW INJURY OCCURR				NO []
rked or Item 18 shows o	MEDICAL CERTIFIC	OR CONTRIBUTING CAUSE	OF DEATH HOUR /	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	19 ARM, ETC)	21f. LOCATION STREET	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	COUNTY	STATE
Item 18 shows		OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d INJURY OCCURRED	OF DEATH LAMINER) 21e. PLACI (AT HOME. S) hospital ottended to the property of the property	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA the deceased from 1 er 30, 19	19 ARM, ETC.)	21f. LOCATION STREET	ED (ENTER NATURE OF INJA	own	COUNTY	STATE that No (we) la
If Item 21 is morked or Item 18 shows		OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (this	OF DEATH LAMINER) 21e. PLACI (AT HOME. S hospital) ottended to the property of the property	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA the deceased from 1 er 30, 19	ARM, ETC.) Novemb	21f. LOCATION STREET Der 7, 19 80	ED (ENTER NATURE OF INJA	OWN 15 PAR 18 PAR 18 PAR 18 PAR 18 PAR 18 PAR 19 PAR 19 PAR 18 PA	COUNTY BO Dond from the	state that (we) locouses stated SIGNED
If Item 21 is morked or Item 18 shows		OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that the this saw the deceased all obove, the well did not the control of the control o	MOR A PRINT) OF DEATH AMINER) 21e. PLACI (AT HOME S NOVEMB NOVEMB TYPE OR PRINT)	A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA the deceased from 1 er 30, 19	ARM, ETC.) Novemb	21f. LOCATION STREET DET 7, 19 80 d that in (my) (our) opinion d DEGREE ATTENDING	ED (ENTER NATURE OF INJA CITY OR TO to Novemb leath accurred on the d MEDICAL STA DIRECTOR PHYSIA	OWN 15 Oct ond hour of the CIAN 15 Oct ond hour of the CIA	COUNTY 80 Dond from the 22c. DATE Dec.	that M (we) la couses stated SIGNED 1, 198
Item 21 is morked or Item 18 shows	WEDICAL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX. 21d INJURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that the (this sow the deceased all obove, if twe) (did/1c. 22b. SIGNATURE 22d PHYSICIAN'S NAME (or DEATH HOUR A	A.M. MONTH DA P.M. E OF INJURY street, Factory, Office, O	ARM. ETC.) NO VEMIC BO , one	21f. LOCATION STREET DET 7, 19 d that in (my) (our) opinion d DEGREE ATTENDING PHYSICIAN 27e. ADDRESS	CITY OR TO MEDICAL STA DIRECTOR PHYSI Rd. Balti 234 LOCATION CITY OR TOWN	DWN OTE 30 19 OTE ON HOUR OF THE CIAN MORE, MO	COUNTY 80 22c. DATE Dec.	that the (we) like courses stated SIGNED 1, 198

From the Poster Lo Bovancer (3, 1980 Elists) njumbi ete liv. Al romon rt. Jaresh arriva eying beatless College - AG - Now although - --- One lyne! somile salari y comme with heatons for distance size . The heat

Section 1

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-16	FOR STATE REGIST
1	1. DECEASED (TYPE OR PRINT)

mpletely filled in by the funeral director, p and 2 should be filed within 72 hours after

the ottending physicion

the buriol-tronsit permit. I and Mental Hygiene prior or Item 18 shows ony

should be detoched for use os with the State Dept. of Health IMPORTANT: If Item 21 is

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

TO FUNERAL DIRECTOR: After this certificate has been

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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REGISTRAR		CERTIF	ICAIE OF DEATH	REG. NO).		
1. DECEASED NAME FIRST	WIDDLE	i	AST	20. DATE OF DEATH		DAY YEAR	2b HOUR
Marion	Virginia SEW	ARD		November	23.	1980	12:35A
3. SEX	4 RACE	5. DATE C	100/	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
Female	White	Dec		XX 95	YRS.	MONTHS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT			9 BALTIMORE CITY OF		TY OF DEATH	
Maryland	U.S.A.	WIDOWE	D NEVER MARRIED	Baltimore	Cour	ntv	MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		12a. USUAL OCCUPATIO	NC	12b. KIND O	F BUSINESS OR
Bondoll street	IF NOT IN SUCH FACILITY, GIVE ST		- U-ma	(TYPE OF WORK FOR MOST OF			
Randallstown USUAL RESIDENCE (JF NURSING HOLLED)	Randallstown		ig nome	Seamstress	-	Lall	loring
130. STATE 1136 COUN	VTY 13c. CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
Maryland	Baltimo	re	YES 🔀 NO 🗌	119 S. Ches	ter	Street	
14. FATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAS	17
Henry Sewa	rd		Mary 1	Barton			
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDRE	SS	21120	70.00
No	218-46	-6461	Agnes Nelson	n 1 Caribou	Ct.	Parkton,	Md.
18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b),		1.0			APPROXI BETWEEN	MATE INTERVAL
PART I. DEATH WAS CAUSE	D BY:	01	JA				
2 4-12 A	TE CAUSE (o)						
2000	DUE TO, OR AS A CONSE	QUENCE P	shells				
Conditions, if ony, which	(b)	- All	wes				
couse (o), stoting the	DUE TO, OR AS A CONSE	QUENCE OF					
underlying couse lost.	(c)						
	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION G	IVEN IN PART 10	0 1
19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING							
190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?		ES, WERE FINDIN	
1 = 1				YES NOXX		YES T	NO []
210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	B PART I OR PART 2)	
On convenience Course of the							
(IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f. LOCATION				-
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	CE, FARM ETC)	STREET	CITY OR TOV	77	COUNTY	STATE
AT WORK							
22a. I certify that (I) (this hosp	ivil) attemped the deceased fro					. 19,	
above, (1 We) (did to a	ot traw the body after death	9, or	nd that in (my) (our) opinion	deoth occurred on the do	te ond ho	our and from the	couses stated
27h SIGNATORE	100		DEGREE			22c. DATE	SIGNED
0/1/4	4		ATTENDING PHYSICIAN	MEDICAL STAF	IAN []	Nov.	24. 80
22d. PHYSICIAN'S NAME (1984)	de Paristi		22e. ADDRESS				
Howard J. Gar	char M.D.		5310 Old Cou	irt Road Ra	ltim	ore Mar	bactv
I HOWALU J. GAL	DEL . H. D.		12210 OTO COL	are mode Da	TOTHE	ore mar	Jiana

23¢. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/B0 (VRA 15, 4)

24 FUNERAL DIPON Funeral Homes, Inc. ADDRESS Baltimore, Md.

1980

23b. DATE

Cathedral Cemetery Baltimor
7110 Belair Road 256 DATE REC'D. BY REGISTRAR Maryland Baltimore.

23d. LOCATION

CITY OR TOWN

1980

STATE

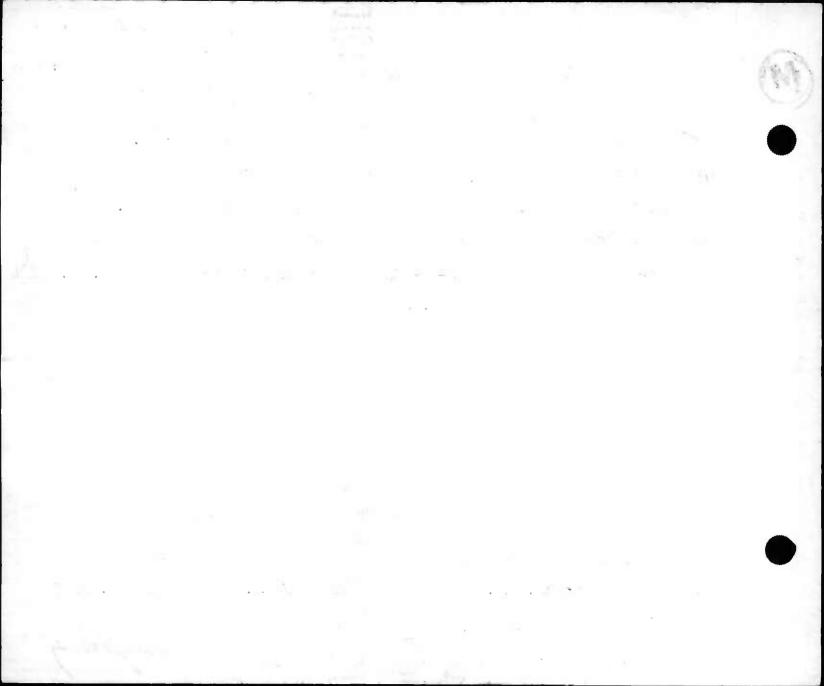
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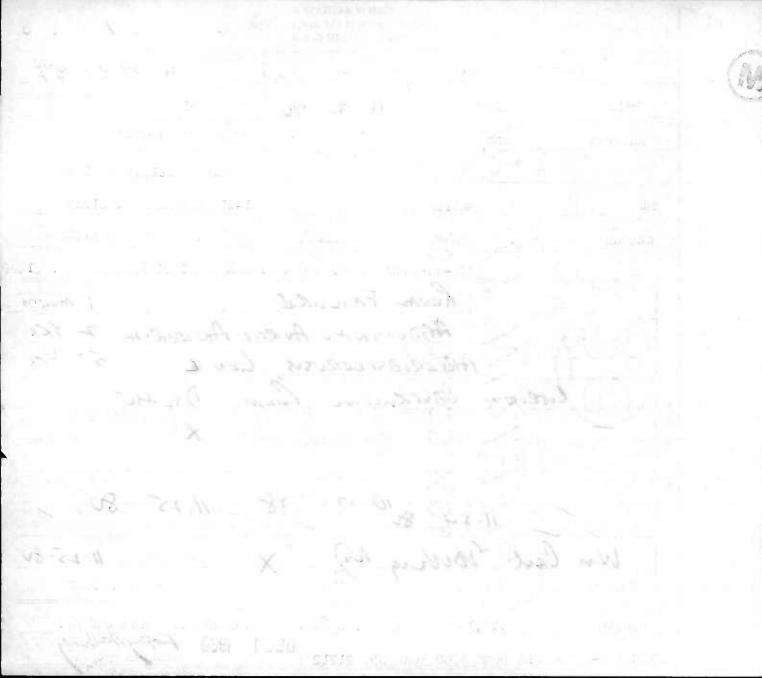
Numerial Garter, .3. 53°0 Ott Lart Hert Millene, Narriond

A	1~	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYL ALTH AND CATE OF I	MENTAL HYGI	ENE 8 0	2	7 7	1 5
37.		CEASED NAME ORPRINT) JU	lia		AIDDLE A.	Shana	han		2a DATE OF DEATH	11 15	5 80	2:35p.
a offer of	3 SE	Female	1	RACE Whi.t	e	S. DATE O	F BIRTH	1902	6. AGE (IN YEARS LAST BI	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
netol de	In: BI	RTHPLACE (STATE OR FO	reign 71 d.	USA	WHAT COUNTRY	MARRIED WIDOWE		MARRIED	Baltimore City Baltin	or county		MD.
by the fu	10 C	TY OR TOWN OF DEA	тн 1	LIF NOT IN SUC	OSPITAL, NURS H FACILITY, GIVE STRE 11a Mari	ET ADDRESS)		TITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOST HOMEMAK	TION OF WORKING LIFE L	126 KIND C INDUSTRY	OF BUSINESS OR
24 have	13a. S	AL RESIDENCE (IF NURSI TATE aryland	NG HOME OR O	THER INSTITUTION,	GIVE RESIDENCE BEFO 131. CITY OR TO Spar	WN 1	134 INSIDE C	TITY LIMITS?	13. STREET ADDRESS	Mill	Rd.	
completely 1 and 2 ho	14. F.A	THER'S NAME Frederic	k "	DDLE	Reicher	rt		s maiden nam artha	WIDDLE		Walsh	··
ond ond sedic		VAS DECEASED EVER I (ES, NO OR UNKNOWN) NO	N U.S. ARM (IF YES, GIVE V		212-22		17 INFORMA Stel		s Hospice			Rd. 2120
law requires that the death certificate be is been signed by the attending physician ermit. Then please remove carbon papers. Pe prior to burial, cremation, or removal.	CERTIFICATION	couse (o), stoting underlying couse PART 2 OTHER SIGN	lost DIFICANT CO	ONDITIONS CO	R AS A CONSEQ DINTRIBUTING TO	DEATH BUT			NAL DISEASE OR CO	206. IF YES	WERE FINDING CAUSES	NGS USED
G PHYSICIAN: The k oftending physician. Iter this certificate has sithe buriol-trainst per nond Mental Hygien and Mental Bishows rived or frem 18 shows		21a ACCIDENT WAS UND OR CONTRIBUTING CC	AUSE OF DEATH	71h TIME O HOUR A	M. MONTH	DAY YEAR	ΣIε HOW IN	JURY OCCURR	YES NO	YES		NO []
DING PHYS or attending After this or as the bur all hand Me marked or th	MEDICAL	714 INJURY OCCURR	st [7]	ZIE PLACE I	OF INJURY BET, SETONY, OFFICE	E. FARM, ETC.)	211 LOCATE STREET	DN	CITY OR TO	JWN	COUNTY	STATE
TENDIN ital or OR. Af or use of if Health		170 I certify that 1 saw the decease above, (II we d 17b. SIGNATURE	d alive on	/	19	on.	EGREE	I Jour I opinion d	MEDICAL ST	A E E	122141	SECOND CONTROL
TO HOSPITAL CAT retained by the hosp TO FUNERAL DIRECT should be detached it with the State Dept of MAPORTANT: if them 2		224 PHYSICIAN'S NA Eddie N					22 R ADDRES	5 York	Rd. Luthe		, Md. 2	21093
BP	(urial, cremation, f specify) Burial	REMOVAL	236. DATE 11-18	3-1980		John's		234 LOCATION CITY OR TOWN Hydes		county Maryla	nd state
OO DHMH-16 20M (VRA 15, 4) 7/78		INERAL DIRECTOR OK TOWSON	Funera		ADDRESS ()50 Yor vson, M	k Road arylan		REC'D. BY REGISTRA V 1 7 1980	R 25b. REC ST	AR'S STATE	Mody



BP. DHMH-16 30M 2/80 (VRA 15, 4)

	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0 2 7 7	1
	DECEASED NAME FIRST GEORGE	e E.	Shannon	The second secon	2b. HOUR
3.	SEX MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 30 96	83 YRS.	IF UNDER 2
73	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNT	MARRIED A NEVER MARRIED L	I Dailliole County	
58	Towson	"Str. Joseph		120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 120 WORK FOR MOST OF WORKING LIFE) 120 WORK FOR MOST OF WORKING LIFE) 121 WORK FOR MOST OF WORKING LIFE)	
	SUAL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		OWN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS 1421 GLENDALE RD. 2123	9
30	FATHER'S NAME FIRST GEORGE	C. SHANNO		R. DENNIS	ON
1 16	WAS DECEASED EVER IN U.S. A (YES, NO ORUNKNOWN) (IF YES, C)	RMED FORCES? 16b. SOCIAL S 220-44		ADDRESS I. SHANNON 1421 GLENDALE APPROXIMA BETWEEN ON	
No. 1	cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TO	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0) SU ALL 1280 AUTOPSY? 128b. IF YES, WERE FINDING	SIISED
2	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCU	YES NO IN CERTIFYING CAUSES O YES TO YES THE NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	PF DEATH
A COUNTY OF THE PARTY OF THE PA	OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	LAIII .	119 17 2	CITY OR TOWN COUNTY	STA
S - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	saw the deceased alive a	n 11-24 1	V1)	n death accurred on the date and hour and from the co	
73		Ebeling, M.D.	7401 Osle	23d. LOCATION	222
24	BURIAL FUNERAL DIRECTOR	NOV. 28,1980	DRUID RIDGE CEM.	PIKESVILLE BALTIMORE M	D.



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completely

injury, or other traumatic event, the medical

	1 -	FOR STATE REGISTRAR	DEPAI	RTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 0	2	7 7	17
		CEASED NAME FIRST	MIDDLE		LAST		MONTH	DAY YEAR	2b. HOUR
1	(III)	MARY	E.	5	SHEETZ	November	10,	1980	9:05A
	3. SE		4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRT	(HDAY)	MONTHS DAYS	IF UNDER 24 HRS.
	F	emale	White	Oct.	23, 1898	82	YRS.	MONTHS DATS	MIN.
0	- 0	RTHPLACE (STATE OR FOREIGN COUNTRY) rth Carolin	a U.S.A.	RY? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED X	Baltimore City o			MD
0		TY OR TOWN OF DEATH 21234	Valley View	Nursi	ing Home	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF Practical	ON	12b. KIND C	of BUSINESS OR
5	13a. S		OR OTHER INSTITUTION GIVE RESIDENCE BEI 1214 BAITI	OWN	13d. INSIDE CITY LIMITS?	4615 Els	rode	e Avenu	ıe .
0	14 FA	John	Bent	on	15 MOTHER'S MAIDEN NA Eurett	MIDDLE		LA	ST
2		VAS DECEASED EVER IN U.S. (IF YES, O	GIVE WAR OR DATES)		Jean C. Ei	ADDRE dman Parkt		Md. 21	1120
			only one couse per line for (o), (b), ISED BY: IATE CAUSE (o)		CVA osclute	Carl.	on	6	ALMATE INTERVAL ONSET AND DEATH
		gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	QUENCE OF	d	Devoe			
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
1	196. CONDITION FOR WHICH OPERATION WAS PERFO				N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDI IFYING CAUSES (ES	
1	EDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2)	
	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN	COUNTY	STATE
		22a.1 certify that (I) (this ha	spital) attended the deceased from	mm		, to		, 19,	that (I) (we) last

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. af Health and Mental Hygiene prior to MPORTANT: If them 21 is marked or Item 18 shows retained by the hospital or attending physician TO HOSPITAL BP DHMH-16 30M 2/80 (VRA 15, 4)

OR ATTENDING PHYSICIAN: The low

Gracito Patricio, M.D. 230. BURIAL, CREMATION, REMOVAL
Burial

24. FUNERAL DIRECTOR

saw the deceased alive on_ above, (I) (we) (did) (did not) view the body after death

2926 23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Cold Spring Lane Loudon Park Cemetery Baltimore, Maryland

Nov.12, 80

ATTENDING

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

MEDICAL STAFF DIRECTOR PHYSICIAN

Raven Blyd 0V 1 2 1980 Johnson 8521 Loch

LYD Just " Andrew or will the Charles of the Start W Peter Co 1911 The Eine - 1000 Line property

Si - 10-25 TV . Signil E. Divelle | 12 ton., Vin

STATE OF MARYLAND

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1	-to-	FOR STATE REGIS	TRAR
l. D	ĒΟ	EASED	NAME

(TYPE OR PRINT)

7a BIRTHPLACE COUNTRY

n

4. FATHER'S NAME

10 CITY OR TOWN OF DEATH ROSSVILLE

USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 130.

Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.

3. SEX

illed in by the fu sild be filed with

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physician

the attending

signed by

After this certificate has been

TO FUNERAL DIRECTOR:

attending physician

ATTENDING

HOSPITAL

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shauld be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar to

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MPORTANT: If Item 21 is

CERTIFICATION

MEDICAL

OR TATE EGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE & U Z		1 3
ASED NAME FIRST Jan	nes Andrew SMA	LL, Sr.	November 12,]980 YEAR	2: 42P M
M	4. RACE	5. DATE OF BIRTH MONTH STATE OF BIRTH YEAR YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 6 3 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
PLACE (STATE OR FOREIGN NTRY) ### ### ### ### ####################	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Der of more com		MD.
SSVILLE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET S-RAWKLIN	AG HOME OR OTHER INSTITUTION ADDRESS)	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	FBUSINESSOR
RESIDENCE (IF NURSING HOME OF TE 131 COU		N 134. INSIDE CITY LIMITS?	1822 JOH	N OK).
ER'S NAME FIRST PIN 1	MIDDLE SMALL	15. MOTHER'S MAIDEN N FIRST	KERR	LAST	T
S DECEASED EVER IN U.S. A NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES)		SMALL	ABO	UE
PART I. DEATH WAS CAUS	inly ane cause per line far (a), (b), an ED BY: NE CAUSE (a) Respirat	ory failure		BETWEEN C	MATE INTERVAL DNSET AND DEATH
anditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF chronic obs	tructive pulmona	ry	
gove rise to immediate ause (a), stating the inderlying couse last.	DUE TO, OR AS A CONSEQUE	ENCE OF	disease		
ADT 2 OTHER SICAHEICANIT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO THE YEA	White Distance on Compitions	CIN/ENT/ALDI DADE N	

PART 2 OTHER SIGNIFICANT

9a DATE OF OPERATION	19b. CONDITION FOR WH	RATIO	N WAS PERFORMED	20a AUT	OPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
					YES 🗌	K ON	YES 🔲	NO 🗌
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY	YE AR	21c. HOW INJURY OCCURR	RED (ENTERN	ATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2	
21d IN JURY OCCURRED	21e PLACE OF INJURY			21f LOCATION				

STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK

220 t certify that (this haspital) attended the deceased from saw the deceased alive an November 12 10 80 and that in (mer (aur) opinion death occurred an the date and haur and fram the causes stated saw the deceased alive an NOVEMBER 12 abave, (we) (did) (did no) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

PHYSICIAN

22d. PHYSICIAN'S NAME (TYPE OR PERE) 22e. ADDRESS

	Kate	Tully			9000	Franklin	Square	Dr.,	2123
a. B!	URIAL, CREMATION		11/15/80	130 NAME OF CEME			LOCATION CUTY OR TOWN	0.	COUNTY
10	NAME CLY	FH.	300	MACE	AVE	MOVO	D. BY REGISTRAF	25b. REALS	TRAR'S SK
	//							-	1

24. FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4)

23

STAFF

DIRECTOR | PHYSICIAN

11-12-80

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FOR - STATE PEGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

2	1	1	6	U

REGISTRAR				CEKIII	ICATE OF	DEATH	REG.	NO.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST	,	AIDDLE	i	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TIPE OR PRINT)	Martha	El	eanor	Sma1	lwood		November	23 10	080	6.30 AM
3. SEX		RACE		5 DATE C	OF BIRTH		6. AGE (IN YEARS LAST !		IF UNDER I YEAR	
Female		Cauc	asian	Nov.		1904	76	YRS	MONTHS DAYS	HOURS MIN
70. BIRTHPLACE (STATE OR	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8		MARRIED 🖾	9 BALTIMORE CITY		Y OF DEATH	
Maryland		USA		WIDOWE		NORCED	Baltimor	e Coun	ity	MD.
10 CITY OR TOWN OF DE	ATH 11	NAME OF	HOSPITAL, NURSIN	NG HOME C		TITUTION	12a USUAL OCCUPA			OF BUSINESS OR
Towson			seph's H		a1		Buyer	I OF WORKING (nopedics
USUAL RESIDENCE (IF NUI	ISING HOME OF OT	HER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		CITY LIMITS?	13e STREET ADDRES	c		
Maryland	Balti		Towsor		YES [NO X			Road	21204
14 FATHER'S NAME	- 25		100		15 MOTHER	SMAIDENNA	ME			
Joseph	Leona		smallwood	Бо		erst Eva	Gertr	nde	-	vnes
160 WAS DECEASED EVE	R IN U.S. ARME	D FORCES?	16b. SOCIAL SECU		17 INFORM			RESS		11100
(YES, NO OR UNKNOWN) NO	N/A		214-14-	0425	Mr.	Albert	Gorsuch	Sa	me as	# 13
18 CAUSE OF DEA										XIMATE INTERVAL NONSET AND DEATH
PART I. DEATH		Υ.	MYOCA	RDIA	-6 1	NFAR	CTION			HR.
PART 2. OTHER SIG	ng the e lost NIFICANT COI	(c) NDITIONS <u>CC</u>	R AS A CONSEQUI	DEATH BUT			AINAL DISEASE OR CO	20b. IF YE	S, WERE FIND	INGS USED
NE I		100					YES NO TO		FYING CAUSE	S OF DEATH?
OR CONTRIBUTING [CAUSE OF DEATH CALEXAMINER)	21b. TIME O HOUR A P	M. MONTH D. M.	AY YEAR			RED (ENTER NATURE OF IN	JURY IN ITEM 18,	PART 1 OR PART 2)	
21d. INJURY OCCUP	AHILE (21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC.]	211. LOCATI STREET	ON	CITY OR T	OWN	COUNTY	STATE
22a.1 certify that N sow the deceo abave, (N-(we)	sed alive an	Novemb	er 23,19	80		7, 19 <u>80</u>) (aur) opinian	, to Novemb death accurred on the	,	ur and from the	
22b. SIGNATURE	lema	_	. 1	1.D		ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	4	13.80
226 PHYSICIAN'S N	ES KL	LEEN	IAN		7604	OSLE	TR DR.	Tor	NSON	21204
230. BURIAL, CREMATION	, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION	-	COUNTY	STATE
Cremat	ion	11/24	/80 Se	curi	tv Pr	ocess	Catonsy		Balt	Nd.
24. FUNERAL DIRECTOR						25a DAT	'E REC'D. BY REGISTRA		TRAR'S SIGNA	TURE

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the should be detoched for use as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

injury, or other troumotic event, the medical

IMPORTANT: If Hem 21 is morked or Item 18 shows any

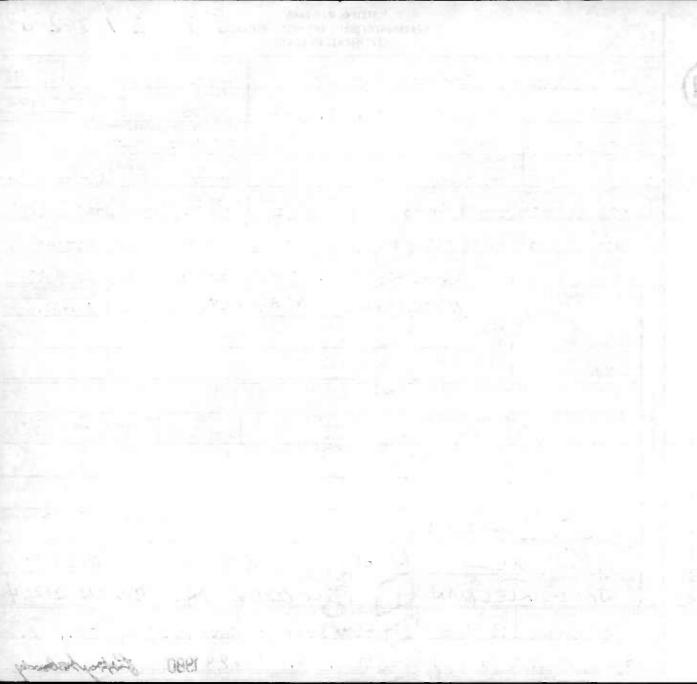
²⁴ FUNERAL DIRECTOR
NAME
MacNabb Funeral Home

Catonsville,

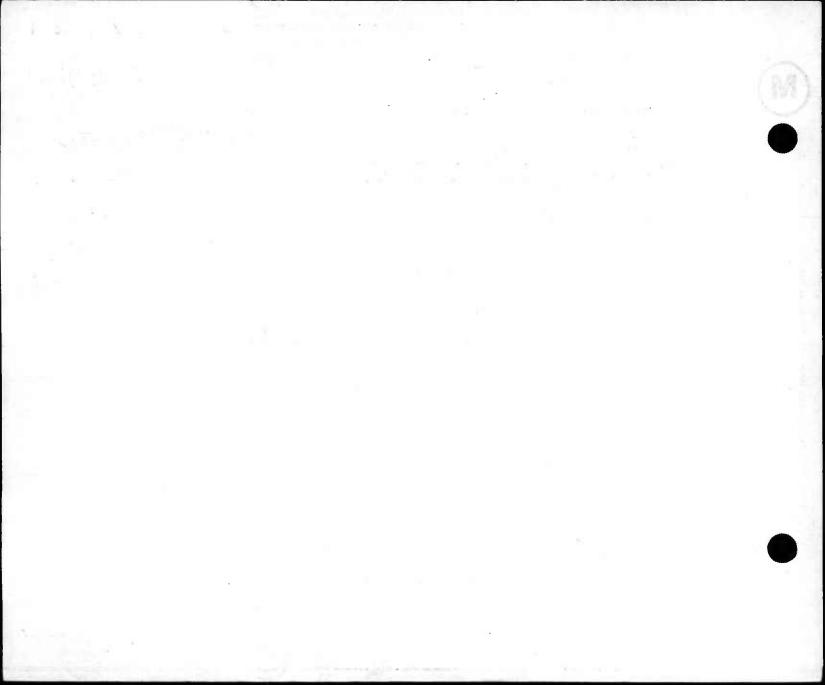
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		ł	1 -	FOR STATE REGISTRAR			Di	EPARTM		EALTH AND ME		IENE 8	REG. NO	2	/	/ 2	1
, r	d d			CEASED NAME HE	LEN	1	VIDDLE	R	SMI	TH		2a. DATE OF I	DEATH #	TI 2	08 0	26-7100	\$5 P
900	Ö	- 1	3 SE>	714		ACE TO A		~	5 DAHLO	E DIOTH T T		6. AGE (IN YEA	DC LAST BIRTH		IF UNDER 1 YEAR	IF UNDER	24 HPS
director, page 3	urs of ter		3 357	Female		ACWhi!	ila	2	MGRITH S	F BIRTH 11	99	81	KS EAST GIRTH		ONTHS DAYS		MIN
- 6	ğ <u>ş</u>	. 1		THPLACE (STATE OR FORE	IGN 76 (CITIZEN OF V	WHAT COL	JNTRY?	B. AAA DDIE	□ NEVER MA	9915	PHIME!	2 CID GE	TES ANALA	OF DEATH	100	
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by the	iled wil	70	1	WESH OF DEATH	1	manor	FACHIFICA	VE STREET?	Perto	COHER INSTITU	JION	Teach	OR MOST OF		INDUSTRY	of Busine	
	old be f	35	13a S	L RESIDENCE (IF NURSING TATE Arvland	OME OR OTH COUNTY	ER INSTITUTION,	GNE RESIDEN 131. CITY C Balt	OR TOWN	V 1	134. INSIDE CITY YES 😿 N	LIMITS?	130. STREET A	DDRESS Fact	Lann	Pkwy		
<u> </u>	sho	20		THER'S NAME			Dar	TIIIO	10	15 MOTHER'S M			Has	00111	I IZVV y	,	
mplete	exomir	0	13.10	John	MIDD	LE .	Wi	ckm	an	E	izabe	th	WIDDLE		Hoľ	ıman	
0 0	es los			AS DECEASED EVER IN			166 SOCIA	AL SECUI	RITY NO	17 INFORMANT			ADDRES	55		217	236
on one	rs. Pag	2	N	ES, NO OR UNKNOWN)	F YES, GIVE WAI	R OR DATES)	214-	-40-	6974	Warre	en Sm	ith,s	on, 9	116 K			
physic	movol.			18 CAUSE OF DEATH PART I. DEATH WAS	CAUSED B	Y	line for tal.	, (b), one	Lac	arr	est	•				XIMATE INTER	DEATH
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teno	on, c	- 1		Conditions, it any,	ihich (DUE TO, OF	toles	NSEOUE	COAM	J' Can	di 7	house	22.	0000	, [,	
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by #	cre othe			underlying cause	last	DUE TO, OF	RAS A CON	NSEQUE	NCE OF								
gned	buriol buriol		-	PART 2 OTHER SIGNIF	ICANT CON	IDITIONS CO	NTRIBUTI	NG TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	OR COND	ITION GIVE	N IN PART 1	(a)	
en si	or to		CERTIFICATION														
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cion e ho	gien How	4	RTI										NO 🗌	YES		NO []
hysi	Hy 18 s	9	_	210. ACCIDENT WAS UNDER		21b. TIME OF HOUR A./		TH DA	Y YEAR	21c. HOW INJU	RY OCCURR	ED (ENTERNATE	IRE OF INJURY	IN ITEM 18, PA	RT 1 OR PART 2)		
g p	ento	71	CAL	(IF EITHER, NOTIFY MEDICAL		P./	М.		19								
offendir er this	ond W		MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY,	, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET			CITY OR TOWN	4	COUNTY	ST	TATE
b ¥	eolth mon			22a I certify that (I) (th	nis hospital)	ottended the	deceased				19 78	, to		01	9.80	, that (I) (we) lost
TOR	of Hi			sow the deceased above, (I) (we) (did	olive on	//-	20	<u>ع</u> ــر19	0 , an	d that in (my) (or	ur) opinion d	leath occurred	on the dat	te and hour	ond from the	e causes sto	oted
hosp	ept.			226 SIGNATURE	Lidid Hot) VI	ew the body	offer death	22		EGREE					_	E SIGNED	
y the	detocl tote D			M	allu	レノ・	7	200)		PH'	YSICIAN X	MEDICAL DIRECTOR	STAFF PHYSICI	AN 🗌	11-	20-	.80
torned b	should be d with the Sto IMPORTAN	1		1226 PHYSICIAN'S NAM	TER	2 7.	K.	EL	5	22e ADDRESS	Su	ront	lin	Me	ds.	///	
- E	∵ 3 <u>⊰</u> "		23a B	URIAL, CREMATION, RE	MOVAL 2	3b. DATE	, .			METERY OR CRE		23d. LOCAT	ION		COUNTY	ST	ATE
BP_]	Burial		11/21	1/80	Mo	rela	nd Mem	. Par	·k			Ltimo		Md.
DHMH	-16 20M		24. FL	NERAL DIRECTOR Spenimunek	Fune	eral	9	705	Bel	air Roa	30 DATE	REC'D. BY RE	GISTRAR 2	Sb. P. SISTR	AR'S S SNA	IRE	
	5, 4) 7/7			Home. Tn	C.			Ball	to Mo	1 21236	TINU	1 4 3 13	DU	سرمسر	7	7	



BP______ DHMH - 16 50M 7/77 (VR A 15 (4)) FOR

STATE OF MARYLAND	nti sa	ust de	-	MINE	7	13.9	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	U	- 2	/	1	2	4
CERTIFICATE OF DEATH			- 11			100	

	REGIST	RAR				CERTIF	CATE OF DEATH		REG.	NO.		
	DECEASED TYPE OR PRINTI	NAME	FIRST		MIODLE	- t	AST	20	DATE OF DEATH	нтиом	DAY YEAR	2b. HOUR
L		LUC	1	Be	rtha	51	MITH			11	-20-80	140
3 S	SEX		4	RACE		5. DATE O	F BIRTH		AGE (IN YEARS LAST E	BIRTHOAY)	MONTHS DAY	
	FEM	ALE			asiaN	11	6 91		89		RS.	S MOOKS MIK
1	BIRTHPLAC	E STATE OR FOI	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIE	p 🗆 🦻	BALTIMORE CITY	_		
> 7	MARY L	AND		U.S.	A	WIDOWE			BALTIMO			
CC.	ATON	SVILL	E	Shad &	Nook /	VURS	NG CENT		o USUALOCCUPA Tailor		12b. KIND INDUSTR Esta	Creami blishm
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	Da. Burial, C	REMATION, R	MO.	SEMAN 23b. DATE	4	ltimo	47/3 de metery or cremat ore Natio	nal	QUC 234 LOCATION		e, ^{county}	rland.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 0 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST (TYPE OR PRINT) ELIZABETH SPEERS 3 SEX 4 RACE 5 DATE OF BIRTH MONTH Female White June 21. 1893 87 70. BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED New Jersey USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
13801 York Road Cockeysville (Broadmead)

2b. HOUR November 24 1980 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 17a USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13801 York Road Baltimore Cockevsville YES \square NO X Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sarah McCulloch Thomas Thacher ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214 46 8852 Same Dr. T. Guthrie Speers No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per ADENOCARCINONA OF THE LARGE BOWEL PART I. DEATH WAS CAUSED BY 12 Years IMMEDIATE CAUSE (o) DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 1968 carcinoma of colon MEDICAL

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRED (ENTER NATURE O	FINJURY IN ITEM 18, PART 1 OR PART 2)
	21e. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET CITY	ORTOWN COUNTY STATE
220.1 certify that (1) (this hospital)	ottended the deceased from July	4 19 19 80 to N6V	79 0 , that (I) (we) la

19 80 ond that in (my) (aux) opinion death accurred on the date and hour and from the causes stated NOV 23 sow the deceased plive on N6V23 DEGREE 22c DATE SIGNED

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 774 PHYSICIAN'S NAME (TYPE OR PRINT)

Charles E. Ellicott, M.D. 1134 York Road Lutherville, Md 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE

21212

(SPECIEY) Green Mount 11/25/80 Cremation 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road Balto., Md.

Balto.

MEDICAL

STAFF

24Nov 1980

STATE

COUNTY

REGISTRAR 25b. RE

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DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH MONTH DECEASED NAME 26 HOUR CTYPE OR PRINTS 80 ANNA SPITALSKY 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER I YEAR 3. SEX MONTH YEAR FEMALE SEPT. 15, 1906 WHITE 74 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED XMO RIMORT POLAND USA BALTO, CO NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GBMC 6701 N. CHARLES STREET 10. CITY ONTOWSON PEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE AT HOME USUAL RESIDENCE (II 13d. INSIDE CITY TIMITS? 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS BALTO. BALTIMORE 3807 SEVEN MILE LA. #21208 MARYLAND NO XX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME SARAH UNKNOWN HENRY GOLDSTEIN MRS. SYLVIADDRALB 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST NO 216-40-2037A 3807 SEVEN MILE LA. 21208 BALTO., APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 10-20 PNE UMON I A IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF RESPIRATORY FAILURE C.O.P.D. Canditians, if ony, which gave rise to immediate AND DIABETES MELLUTUS couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION CVA 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive onand that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL 11-14-80 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS GREATER BALTIMORE MEDICAL CENTER DR. MOHAMMED TABBAA 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 11/16/80 BALTIMORE SHAAREI TFILOH MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250 DATE REC'D. BY REGISTRAR NOV 1 8 1980 6010 REISTERSTOWN RD. BALTO., MD 21215

DHMH- 16 30M 2/80 (VRA 15, 4)

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Poges 1	16a V	VAS DECEASED EVER YES, NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES)	166 SOCIAL SECUR	RITY NO.	Nannie S	pruill	1708 Ru	ıtland	Ave.
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ottending physical this certifical sthe burial-tron cond Mentol Hyked or Hem 18 s	MEDICAL CE	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC) 21d, INJURY OCCURR WHILE NOT WH AT WORK AT WORK	ALEXAMINER)	P. 21e PLACE	m. MONTH DA' M.	19	216. HOW INJURY OCC	URRED (ENTER N.	ATURE OF INJURY IN ITEM	18. PART 1 OR PART 2)	\$1
ALOR ATTENDIN the hospital or a LDRECTOR: Aft eloched for use or te Dept. of Health if Hem 21 is mor		22a. I certify that (I) saw the decease above, (I) (we) (d	(this hospite ed olive on lid) (did not	view the body	offer deoth.		d that in (my) (our) opinion	, MEDICAL	ed on the date and STAFF	hour and from th	e couses store
Story Story		224 PHYSICIAN'S NA	AAE (TYRE OR	AD (b.17.)			22ª ADDRESS	/	0		

ORER

23b. DATE

230 BURIAL, CREMATION, REMOVAL

C. March F/H

Burial 24 FUNERAL DIRECTOR MIDDLE

FOR

- STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗍 INJURY IN ITEM 18, PART 1 OR PART 21 COUNTY RTOWN STATE that (I) (we) lost ne date and hour and from the couses stated 22c. DATE SIGNED STAFF YSICIAN center Crownsville hosn. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Crownsville VA Cen. Crownsvill

[250. Date REC'D. BY REGISTRAR 256. REGISTRAR NOV 28 1101 E. North Aye.

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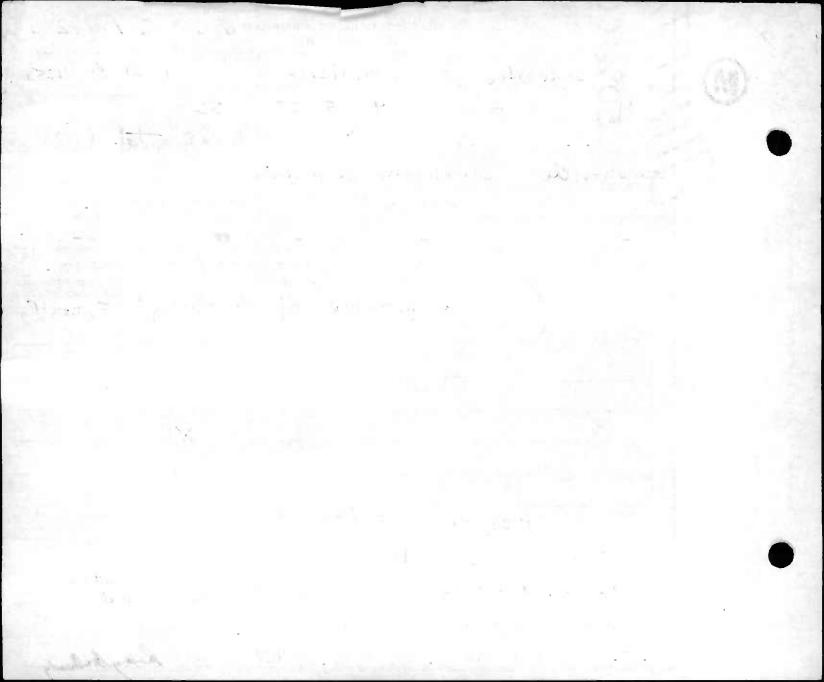
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DHMH - 16 60M 1/75 (VR A 15 (4))



STATE OF MARYLAND

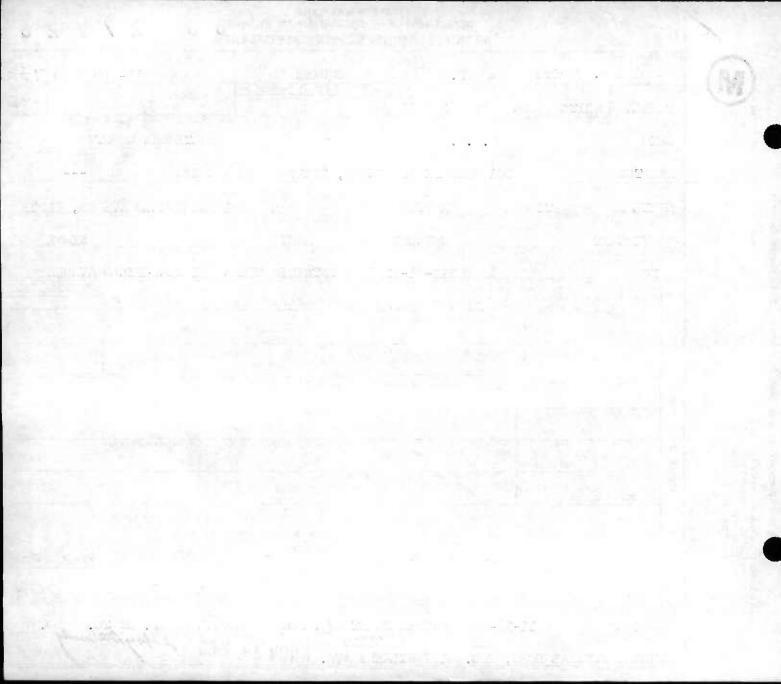
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		OR			DEPAR	TMENT OF	HEALTH	AND MENTAL	HYGIEN	ER A	2	7 1	1 43	6				
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1		IIO			.S.A.		WIDOW			BALTIM			1716					
0		Y OR TOWN	OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE	AL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)							INDUSTR					
/		BUTUS				FIELD A		, 21229	HO	USEWIFE								
	USUA 13a ST	L RESIDENCE	(IF IN NURSING HOM			CE BEFORE ADMISS	SION)	13d. INSIDE CITY EIMITS?	13e STR	EET ADDRESS								
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/		AS DECEAS	ED EVER IN U.S. A			OCIAL SECURI	TY NO.	17 INFORMANT		ADD	RESS		744771/					
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		TIR CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))											ROXIMATE	INTERVAL				
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		110	MMEDI	ATE CAUSE (a)	111	rus ace	16 UC		0000	Lucy 0	or con							
		7 Canditi	ans, if any, which		, OR AS A CC	NSEQUENCE	OF					84						
	34	gave	rise ta immedia	te (b)_														
			a) stating the <u>under</u> ruse last.	T. DUE TO	, OR AS A CC	NSEQUENCE	OF											
		73		(c)_	KELL						July 10							
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	MEDICAL	21d. INJURY		21e. PŁA	ACE OF INJUR	RY (AT HOME,		CATION										
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		AT WORK	AT WORK										-					
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		death resu	Ited fram: Na	tural causes	, Acciden	t L, S	uicide	, Hamicide	Undet	ermined manner	ر ا							
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		BURIAL		11-24-	80 S.	ACRED I	HEART	OF JESUS	GR	RACELAND	PK. BA	ITO,	MD					

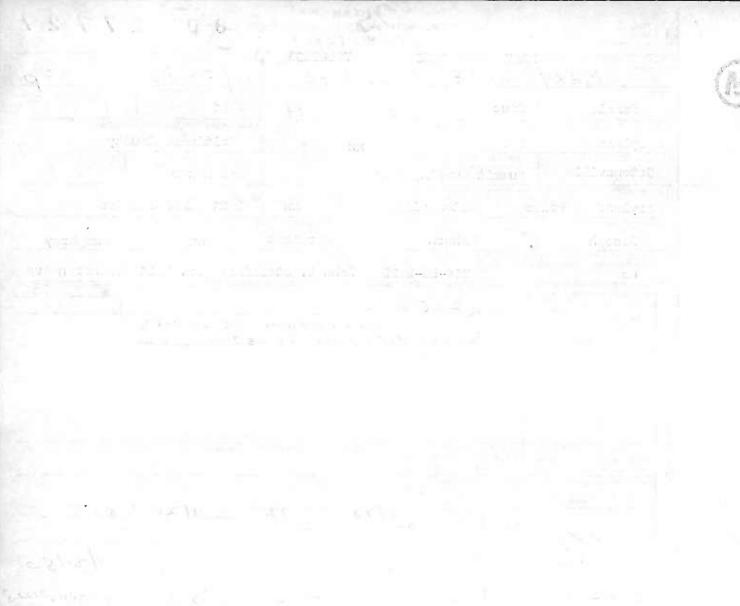
DHMH - 17 (VR A15 ME (5)) 15M 7/76

24. FUNERAL DIRECTOR

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. NOV 2 4 1980



1 - FOR STATE REGISTRA			DEPARTA	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 0	2	7 7	2 7
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7. BIRTHPLACE COUNTRY) Maryla	STATE OR FOREIGN 71		WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED	Baltimo	_		
90 Caton	or DEATH I	IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET, NUISING	IG HOME C	OR OTHER INSTITUTION	176 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAKE	OF WORKING LIFE!		F BUSINESS
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14 FATHER'S NA FIRS	MI	ODLE	hlhorn	9.	15. MOTHER'S MAIDEN NA First Margaret	ME Ann		Hump	
(YES, NO OR UNI	ED EVER IN U.S. ARM		214-56-2		17 INFORMANT John L. Sta	ADDR llings, Jr.		Edmonds	son Avi
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obove 27b. SIGN	e deceased alive an_ (I) (we) (did) (did not)	view the body	after death.		nd that in (my) (arrapinion DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c DATE:	
7	" res								
E. I	IAN'S NAME ITYPE OR P		r, D,		120 ADDRESS 1801 72=JE	Dice Dis	326-1	Lucat	1cus 21.



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STATE OF MARYLAND

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	1-	STATE REGISTRAR			DEPARTM		ICATE OF D		REG. N	0.				
	1. DEC	CEASED NAME	ROBE		H.		APLET	NC	2a DATE OF DEATH	MONTH	16	80	5: 07AN	1
	3. SE)	MALE		RACE WHITE		5. DATE ('2 '2	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS 14	IF UNDER 24 HRS HOURS MIN.	_
-		RTHPLACE (STATE OF COUNTRY) Cennesse			WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER M	ARRIED	BALT IM				м	
0		OWS ON,		GBMC -	HOSPITAL, NURSIN		ROTHER INST		TYPE OF WORK FOR MOST OF WEIGER		LIFE) 12b.	KIND O	F BUSINESS OF	R
1	Ma	aryland	rsing how or of the County Cari	Y	GIVE RESIDENCE BEFORE 134. CITY OR TOWN Sykesvi	ile	13d. INSIDE CI	NO 🟋		uckh	orn	Rd	•	
		Robert		H.	Staplet		В	MAIDEN NAM	MIDDLE		Mar	nis	ī	
	16a V	VAS DECEASED EVE (ES, NO OR UNKNOWN) Yes		PAR OR DATES)	219-18-		Lena		apleton,				MATE INTERVAL	
		Conditions, if an gave rise to in cause (a), star underlying cau	mmediate ting the	R AS A CONSEQUE		OF THE	CECU	M						
	NOI	PART 2. OTHER SI	gnificant co	nditions <u>c</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN F	PART 1(o	1	
)	CERTIFICATION	19a. DATE OF OPER			ITION FOR WHICH	OPERATIO			200. AUTOPSY?	IN CERT	IFYING C	AUSES	OF DEATH?	
		210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEATH	1 1 1	DE INJURY .M. MONTH DA .M.	YEAR			RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR	PART 2)		
	MEDICAL	21d. INJURY OCCU	VARED WHILE VORK		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATIO STREET	IN	CITY OR TO	WN		YINU	STATE	
		above, (I) (we)	(X(this haspita osed alive an (did)(did nat)	11/16	19		- 1	., 19 <u>80</u> (our) apinian c	, to11/16 death accurred on the d	ate and ho	our and fi	rom the		st
		22b. SIGNATURE	axof	exce	_		(-1)	TTENDING PHYSICIAN	MEDICAL STA	FF X			16 /80	
	0	· ALVA	RO JER	EZ			GBMC	- 670°						

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DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remave carbon pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval After this certificate has been

IMPORTANT: If them 21 is marked as them 18 shaws any

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY
Lake View Memoria. 23b. DATE 11-18-1980

23d. LOCATION CITY OR FOWN

Carroll

Md.

250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S LIGHTURE 24. FUNERAL DIRECTOR Charles W.Burrier, Jr., Sykesville, Md.

ET 22 27 74 FTIME 22

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-	TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
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/	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND T OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE 8 0 2	7729
last last	DECEASED NAME FIRST (TYPE OR PRINT) Mildr	ed M. STE	EELMAN	November 28,	1980 26 HOUR 9:20 PM
	sex Female	White 5.0	DATE OF BIRTH MONTH DAY YEAR 11 30 1909	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	FUNDER I YEAR IF UNDER 24 HRS
KIM	a. BIRTHPLACE ISTATE ORFOREIGN COUNTRY) Pennsylvania	~ .	ARRIED NEVER MARRIED DOWED DIVORCED	Baltimore Coun	Y OF DEATH
by the fur	Rossville	11. NAME OF HOSPITAL, NURSING HOUSE IN THE CONTROL OF T	OME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) HOUSE Wife	12b. KIND OF BUSINESS OR INDUSTRY
nid be uld be	JSUAL RESIDENCE (# NURSING HOME COU 30. STATE 136 COU Maryland Bal	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	ISSION) 134. IN SIDE CITY LIMITS? YES NO 🔀	13. STREET ADDRESS 60 Township	Road
and 2 sh	FATHER'S NAME FIRST Milton	Crummey	15. MOTHER'S MAIDEN NA/ FIRST Mary	Grace	Hull
Pages 1	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (# YES, GN	/E WAR OR DATES)	NO 17 INFORMANT 189 Donald P. S	7801 Charle Steelman-Balto	smont Road . MD. 21222
en signed by the att hen please remove r to burial, crematii ny injury, or other		(c) of Myocardia	or Myocardial Iso		IVEN IN PART I (o)
cate has be it permit. If yelene prior 18 shows a	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE		YES NO NO N	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\text{NO} \)
- G - G	OR CONTRIBUTION CAUCE OF DE	ATH HOUR A.M. MONTH DAY		RED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
After th s the bur th and M marked	OR CONTRIBUTION OF CAUSE OF SET OF CONTRIBUTION OF CONTRIBUTIO	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, I		CITY OR TOWN	COUNTY STATE
for use a for use a i. of Heal em 21 is	ODOVE, PIE (WE) (GIG) (GIG)	pital) attended the deceased from November 28 19 80 bij view the body ofter death.		, to November 28 death accurred on the date and ho	
ERAL DIR e detached State Depti ANT: If It	226. SIGNATURE	Buch,	DEGREE M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	November 28,8
O FUN	Jim A Buck	M.D.			Balto., MD 2123
	30 BURIAL, CREMATION, REMOVAL ISPECIFY: Burial	12/2/1980 More	e of cemetery or crematory land Memorial	23d LOCATION CITY OF TOWN Baltimore	county STATE Maryland
HMH-16 25M RA 15, 4) 1/79	7922 Wise Ave	Ruck, Inc. Duness nue Dundalk, M.	D. 21222 DE	e rec'd, by registrar 256, r C 2 1980	TRAPS SIGNATURE

A V L B removale and an arms of the Total Cacing Advanced 20 1 mm | Cather Tomas Section | Enclosed

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aftour strong or attending physician.

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PARTMENT	OF	HE	AL	rk	AND	MENTAL	H

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1-	FOR STATE REGISTRAR	DEPARTM		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 0	2//	3 U			
	CEASED NAME FIRST	MIDDLE	LA	St	20 DATE OF DEATH MONTH	OAY YEAR	2b. HOUR			
TYPE	HENRIET	TA GRAY	STE	DNI	1) 10 80 9-410					
3 SEX		RACE	5 DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
	Female	White	7 MONTH	1° 1903	· · 77	MONTHS DAYS	HOURS MIN			
	RTHPLACE (STATE OR FOREIGN 76 DUNTRY) Maryland	U.S.A.	MARRIED WIDOWEI	NEVER MARRIED	Baltimore city or coun	re County	A			
	TY OR TOWN OF DEATH 11 Maryland	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET A Baltimore C	IG HOME O	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN Homemaker	126. KIND O	F BUSINESS O				
USUA 13a S	AL RESIDENCE (IF NURSING HOME OR OT OTATE 136 COUNTY aryland	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION]		73. STREET ADDRESS Balto. Md. 2120 7408 Fairbrook Rd. 2B					
	THER'S NAME FIRST Charles M.	Gray		15 MOTHER'S MAIDEN NAME FIRST Mary	MIDDLE UNKNOWN					
160 W	VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W NO	ED FORCES? 16b SOCIAL SECURATION DATES) 220-05-3		Kenneth P. W	Battimo arfield 7011 La	ore, Md. ancaster	21207 Rd.			
CERTIFICATION	gove rise to immediate cause lot, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO		CHLHE DEATH BUT I		20a AUTOPSY? 20b. IF	YES, WERE FINDIN	IGS USED			
TIFIC				YES NO PER YES NO						
4	? 18. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	AY YEAR	21c HOW INJURY OCCURR	URRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
MEDIC	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATION STREET CITY OR TOWN COUNTY STA						
	270. I certify that (I) (this hospital saw the deceosed alive on abave, (I) (we) (did) (did not) 127b. SIGNATURE	1-10- 108		PEGREE ATTENDING	death occurred on the date and	hour and Irom the				
	224. PHYSICIAN'S NAME (TYPE OF PE	SHAH MD	•	PHYSICIAN [170 ADDRESS Baltimore	County Gen	PAND.	orifita Austr			
23a B	BURIAL, CREMATION, REMOVAL SPECIFY Burial			Cemetery	23d LOCATION CITY OR TOWN Baltimore	COUNTY	state arylan			
	UNERAL DIRECTOR Ubbard Funeral H	Ba I	to.,	Md. 2122925 DAT	THE THE THE PERSON TRANS 251	pyret	my !			

DHMH-16 25M (VRA 15, 4) 1/79

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6	# 1 -	6 per Ph W/ ft FOR STATE REGISTRAR	ı. mk	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. N	2	7 7 3 1
£		CEASED NAME FIRST OR PRINT)	WIDDLE		LAST	20. DATE OF DEATH	MONTH DA	20. 110 OK
deo	2.65		ZABETH D.		UART	1.165	11 29	1980 12:50A
hours after death	3. SEX	F'EMALE	4 RACE WHITE	NO		6 AGE (IN YEARS LAST BI	YRS.	ONTHS DAYS HOURS MIN.
fied at once.		RTHPLACE ISTATE OR FOREIGN COUNTRY) Md.	U.S.A.	MARRI WIDOW	ED NEVER MARRIED	BALTIMORE CITY O		
Inatified with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GE)	E STREET ADDRESS)	OR OTHER INSTITUTION	12d USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Teacher	ION	12b. KIND OF BUSINESS OF
erimust be	13a. S	AL RESIDENCE HE NUESHID HOME	DR OTHER INSTITUTION GIVE RESIDENT 131. CITY C	CE BEFORE ADMISSION	13d. INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 4828 Kes	wick	
3500		Villiam Dona		uart	Elizabeth	WIDDIE	M	athews
medicol 2	()	VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) TIFYES,	GIVE WAR OR DATES)	32-300	A Arthur B	Stenart		wson Md
t. Then please remove corb for to burial, crematian, or r y injury, ar other troumatic	ION		DUE TO, OR AS A COM	NAL FIST USEQUENCE OF CYSTO-DU	ULA WITH CHROI	A X	IDITION GIVEN	V IN PART I (o)
shows any	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION		20a. AUTOPSY?	IN CERTIFYI YES	
em 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	T I OR PART 2)
rked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET, FACTORY	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	OWN	COUNTY STATE
of Health		22a I certify that (I) (this has sow the deceased gives	spital) ottended the deceased an	_100	ind that in (my) (aur) opinion	death occurred on the d	ate and havr o	that (I) (we) los and fram the causes stated
detached tate Dept.		77% SIGNATURE	7-		DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c DATE SIGNED 11-29-80
should be de with the State WPORTANI		LOUIS POLLA			22e ADDRESS GBMC-6701	N. CHARLES	ST., T	OWSON
3 3	1	URIAL CREMATION REMOV. SPECIFY) Pemation			ty Process	23d. LOCATION CITY OR TOWN	Ba:	Lto. Md.
A 2/80 4)	24 FL	INERAL DIRECTOR	kins & Sons	4905 Co.Ba	York Rd 250 DA		25b. RES STR	AR'S SICNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 21201		£	90	ma ma	
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1		TO HOSPITAL S. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deam. Page 4 m retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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STATE OF MARYLAND

1	STATE REGISTRAR		DEPARTM	CERTIF	ICATE OF DEA	TH	REG. NO	<i>⊆</i> Э.		
	CEASED NAME FIRST		WIDDLE		AST		28 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
,	Arthu	ır E	dward	St	evens			11 2	4 80	M
3. SE		4 RACE		5 DATE C	OF BIRTH		& AGE (IN YEARS LAST BIRT	HDAY	IF UNDER 1 YEAR	
-3	Male	Whit	е	MONT		927	5	3 YRS.	MONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MAR		BALTIMORE CITY O		Y OF DEATH	
	st Virginia	U.S	.A.	WIDOW		RCED	Baltimor	e Co	unty	MD
I LIDO	ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING		OR OTHER INSTITU	TION	128 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF	ON Fworking Li	12h KIND (
	undalk AL RESIDENCE (IF NURSING HO	1111	GUYWAY	AOMISSIONI			Inspecto	r	Beth	. Steel
136. Ма	ryland Ba	OUNTY Altimore	Dundalk	N	134 INSIDE CITY	LIMITS?	1959 Guy	way	139	
14 F.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MA		ME	,111-	14	ST
	Arthur A	lbert	Steven	S	Haze		J.		Arn	old
	WAS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE	58 959	Guyw:	ay
,		W II	235-38-	3424	Cora E	. St	evens I	Balto		
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Carcinuma of the lung with brain metastages DUE TO, OR AS A CONSEQUENCE OF								es	
z	PART 2 OTHER SIGNIFICA									
CERTIFICATION	190 DATE OF OPERATION		stage atherescl				200 AUTOPSY? YES NOTE YES YES THE YES, WERE FIN IN CERTIFYING CAUS			
MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING TO CAUSE CONTRIBUTION OF CAUSE C	F DEATH HOUR A	DE INJURY M. MONTH DA M.	Y YEAR	21c HOW INJUR	RY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18,	PART 1 OR PART 2]	
MEDI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOUSE CT	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.]	211 LOCATION STREET		CITY OR FOW	N	COUNTY	STATE
	228 certify that (1) (this I saw the deceased alw obove, (1) we) (did) (d	NOV. 18	19.8	0	nd that in(m) (au	r) opinion	to <u>NOVeurle</u> death occurred on the do	-		
	3-00-	mud	uden	w	PHY	NDING SICIAN [MEDICAL STAF		- 11/o	15/80
	SANDE	YPE OR PRINT) A WAL	DEN		Balt	ine	re City +	Hosp,	tal	

BP.

IMPORTANT: If Item 21 is

arked or Item 18 shows any injury, or other traumatic event, the m

7922 Wise Avenue DHMH-16 25M (VRA 15, 4) 1/79

236 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 236. DATE 11/28/1980

Holly Hill

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN White Marsh

Balto.

STATE

MD 250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE

Inc. Dundalk, Md. 21222

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A. A. X. The Complete ./.P.W = Bleiteriv Jack Tasts .its - Beti. Steel Manual Sistem Medium taryland peltimore Demit'ik _ _ _ _ xx [11957 - nymay _ int_tag__]

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injury, or other troumotic event, the medical

should be detoched far use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

IMPORTANT: If hem 21 is morked or hem 18 shows any

certificate has been

TO FUNERAL DIRECTOR, After this

TENDING

TO HOSPITAL

BP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 7 3 3 2

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO).			
		EASED NAME	FRST Ir	ene '	Amelia		Stevens	2ª DATE O	F DEATH /	AONTH I	DAY YEAR	2b. HOUR	
1		•	Chene			STE	VENS	l		11 =	28 80	3:11	5PM
	3 SEX			RACE		5 DATE C		& AGE (INY	EARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 2	
		female		whi	te	Sept	. 20, 1925	55		YRS.	MONTHS DAYS	HOURS	MIN
1		THPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED	9 BALTIMO	RE CITY O	COUNTY	OF DEATH		
5	Mal	yland		US	A	WIDOWE		Balt	imore	Coun	ty		MD
		dle River		103 CO	HOSPITAL, NURSING H FACILITY, GIVE STREET A MDASS ROZ	GHOME C	PROTHER INSTITUTION	12ª USUAL (TYPE OF WOR House	OCCUPATION OF WITE	ON WORKING LIF	126. KIND C INDUSTRY Home		S OR
1	13e S	RESIDENCE (IF NURS	Harfo	Υ	GIVE RESIDENCE BEFORE 13c CITY OR TOWN		131 INSIDE CITY LIMITS? YES NO 🌁	1611	ADDRESS Kate:	s Lan	e, Jopp	085 a. Md	l.
	14. FA	THER'S NAME	Αľ	DDLE	LAST		15. MOTHER'S MAIDEN NA/	ME	MIDDLE		LAS	Ţ	
		John					Lillian -					rd	
-		AS DECEASED EVER	IN U.S. ARMI		166 SOCIAL SECUI		17 INFORMANT		ADDRE				
		No	-		219 20 4	322	Ida May Jone	s, 10	3 Com	pass	Road 21	220	
		18 CAUSE OF DEATH			lige far (a), (b), and	Licia					BETWEEN	MATE INTERV ONSET AND D	AL EATH
			IMMEDIATE		Carcino	ma	of lungs				4 -	ZyRS	
Ì		1629		DUE TO, OF	R AS A CONSEQUE	NCE OF	1 /					,	
		Canditions, if any,		(b)									
		gave rise to imm couse (a), statin		DUE TO OF	R AS A CONSEQUE	NCE OF							
		underlying cause	lost	(c)_									
	NO	W /	VIFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR COND	ITION GIV	EN IN PART 11	21	
7	CAT	196 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT	OPSY?		, WERE FINDIN		
	CERTIFICATION	N	ne					YES 🗌	NON		S [NO	
7	S.	21a. ACCIDENT WAS UND		216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJUR	Y IN ITEM 18, P	ART 1 OR PART 2]		
	¥	OR CONTRIBUTING C		P.		19							
	MEDICAL	214 INJURY OCCURE		21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA	ARM. ETC.I	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STA	TE
	≥	WHILE NOT WE	HILE			,							

22a | certify tha (1) this hospital) attended the deceased from, saw the deceased alive an above, (I) (We) (did) (did no (did nat) view the bady after death.

226. SIGNATUR

FOR

DEGREE

and that in

ATTENDING PHYSICIAN , MEDICAL STAFF DIRECTOR | PHYSICIAN | 22c DATE SIGNED

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL Burial

23c NAME OF CEMETERY OR CREMATORY 12-1-80 Holly Hill Mem. Gardens

23d LOCATION CITY OF TOWN Baltimore

11128

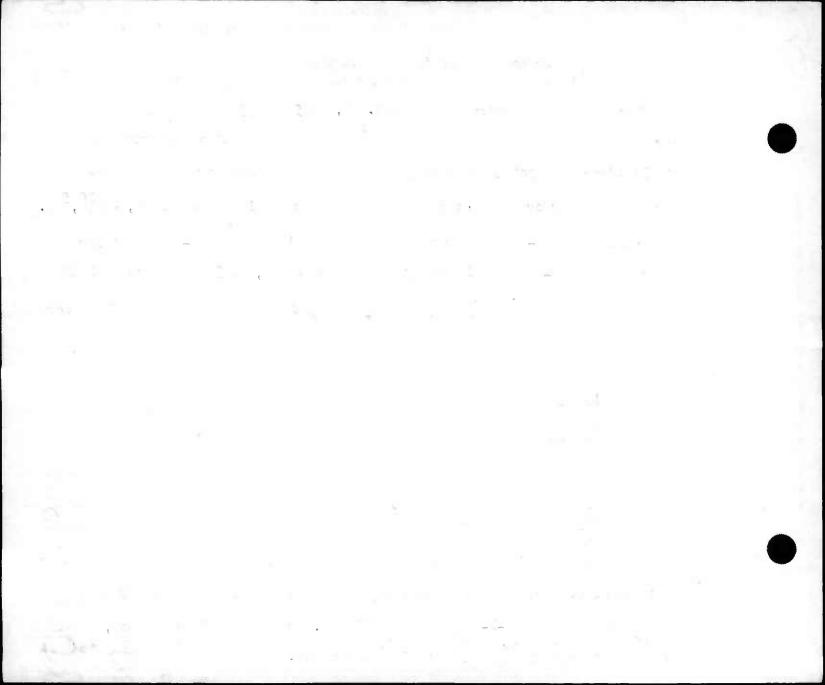
(my) (aur) opinion death occurred on the date and hour and fram the couses stated

County, Maryland 250 DATE REC'D, BY REGISTRAR 256 REGIS AR'S SIGN TUR

DHMH-16 20M (VRA 15, 4) 7/78

236. DATE

Old Eastern 1980 Funeral Home



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funshand be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after retained by the haspital or attending physician.

FOR STATE REGISTRAR		DEP	STATE OF MARY ARTMENT OF HEALTH AN CERTIFICATE OI
CEASED NAME	FIRST	MIDDLE	LAST

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8
CERTIFICATE OF DEATH

0	2	1	1	3	9
REG NO					

	1 DEC	CEASED NAME	FIRST		MIDDLE	L	AST	2a DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOUR
7		OR PRINT!						24 DAIL OF DEA			FEAR	ZB. HOOK
			Mary	Kathe	erine	ST	EWART	Novembe	er 6, 1	980		3:16am
П	3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS L	AST BIRTHDAY)	MONTH	DER I YEAR	HOURS MIN.
ļ		Female		White			13, 1913	67	YR:			
	7a. BII	RTHPLACE ISTATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE CI	_		DEATH	
		lest Virg				WIDOWE		Baltimo				WD
	Ro	TY OR TOWN OF I	21237	Frank	lin Squar	e Hos	Pital	TYPE OF WORK FOR A				ng Home
	13a S	AL RESIDENCE (IF NO STATE	Balt	OTHER INSTITUTION LTY LMOTE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW White M	/N	13d INSIDE CITY LIMITS?	13. SIREEL ADDR	wood C	ourt	, 2	1162
		THER'S NAME FIRST	UNKNO		LAST		15. MOTHER'S MAIDEN NA FIRST	UNKN	OWN	7	EAS	ī
		VAS DECEASED EV (ES, NO OR UNKNOWN)		MED FORCES?	16b. SOCIAL SECU 218 32 1		Anne Goldy		nnett	Road	21	221
ı		the second second second		E CALICE LA	r line for (a), (b), and Acute Myo	cardi	al Infarction					
		Canditions, if a gave rise to cause (a), str	IMMEDIA ony, which immediate ating the	DUE TO, O	R AS A CONSEQUE	ENCE OF Lerot:	al Infarction		sease			
	ATION	Conditions, if a gave rise to cause (a), stunderlying ca	IMMEDIA ony, which immediate ating the use last. IGNIFICANT	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	ENCE OF ENCE OF		cular Dis	CONDITION (YES, WE	RE FINDIN	GS USED
	TIFICATION	Conditions, if a gave rise to cause (a), strunderlying co	IMMEDIA ony, which immediate ating the use last. IGNIFICANT	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D	ENCE OF ENCE OF	ic Cardio Vas	scular Dis	70b. IF	YES, WE	RE FINDIN	
	NCAL CERTIFICATION	Conditions, if a gave rise to cause (a), sunderlying con PART 2. OTHER S 19a. DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER NOTIFY A)	IMMEDIA ony, which immediate ating the use last. IGNIFICANT UNDERLYING CAUSE OF DE LEDICAL EXAMINE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 17b. TIME O HOUR A. P.	ACUTE MYON ACUTE MYON AR AS A CONSEQUE ONTRIBUTING TO STATE OF THE STA	ENCE OF ENCE OF ENCE OF DEATH BUT	ic Cardio Vas	CULAR DIS	70b. IF	YES, WE RTIFYING YES [RE FINDING CAUSES	GS USED OF DEATH?
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	-	Conditions, if cogave rise to couse (a), st underlying compared to the couse (a), st underlying compared to the couse (b), and contributions (a) and contributions (a) and contributions (a) and contributions (a) and contributions (b) and contributions (b) and contributions (b) and contributions (b) and contributions (c) and c) and	IMMEDIA Iny, which immediate the use last. IGNIFICANT I CAUSE OF DE LEDICAL EXAMINE URRED WHILE WORK (I) (†hixXxp) cased alive and	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. COND 19b. COND 21b. TIME O HOUR A. P. 21c. PLACE (AT HOME STE	ACUTE MYO AR AS A CONSEQUE AR AS A CONSEQUE ONTRIBUTING TO DEPOSIT OF THE PROPERTY OF THE P	ENCE OF ELECT OF ENCE OF DEATH BUT OPERATION AY YEAR 19 PARM, ETC.) December 19 December	NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUR 211. LOCATION STREET DOCT 20 , 19 175 d that in (34) (aur) apinian	CITY Column Disease OR Column	70b. IF IN CER	YES, WE TIFYING YES 18 PART 10	RE FINDING CAUSES ORPART 2) COUNTY	NGS USED OF DEATH? NO STATE that (1) (Xe) last causes stated
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Old Eastern AWOV 1 ()

BY REGISTRAR 15

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with 172 her with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after di

retained by the haspital or attending physician.

	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEA	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 2b. HOUR				
TIYPE	Edna Edna	М.	STICHEL	November 27, 198	0 6;001				
3. SE)	8	4. RACE	5. DATE OF BIRTH	YEAR MON	INDER I YEAR IF UNDER 24 HI				
	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY	? 8 MARRIED □ NEVER MARI	RIED . 9. BALTIMORE CITY OR COUNTY OF					
	MD.	USA	WIDOWED DIVOR	CED 🗆 Baltimore County					
R	SSVILLE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE FRANKLIN	ET ADDRESS)		126. KIND OF BUSINESS OF INDUSTRY				
13a, S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN BE	OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d. INSIDE CITY L	B 360/ EDWARDS	Lp:				
	GEORGE VAS DECEASED EVER IN U.S. ARI	MED FORCES? 166 SOCIAL SEC	RATH	ERINE BRUBB	LAST				
		E WAR OR DATES!	6671A KATH	ERINE METZEER	ABOVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT				
CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	THE TERMINAL DISEASE OR CONDITION GIVEN D 200 AUTOPSY? 200. IF YES, WIN CERTIFY IN	IN PART 1(a) VERE FINDINGS USED G CAUSES OF DEATH?						
ERTIF	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJUR	YES NO YES YES TO OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART] NO []				
	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR						
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	(FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	220.1 certify that (I) (this haspital) attended the deceased fram October 17 19 80 to November 27 19 80 that (I) (we) large saw the deceased dive and only rewrite death 27 19 80 and that in (my) auriapinian death accurred an the date and have and fram the causes stated above (find) (did not view the body after death.								
	anner miner alaridia no	·	DEGREE		22c DATE SIGNED				
	22b. SIGNAT III	attavasio	PHYS	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	11-27-86				
	22b. SIGNAT III	R PRINT)	PHYS 22e ADDRESS		11-27-86				

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250	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	7 1	3 6
(A		CEASED NAME FIRST OR PRINT)		B. Stone		AST	November	12, 198		26. HOUR
s affill on	3. SE>	F	4 RACE		S DATE O		6. AGE TIN YEARS LAST OF 72		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
Se notified 31 o	Mu.			WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	M DNORCED DATELINOTE CO.			м
900		or town of DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 16 MCKim Ave.			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST HOMEMAKET	12b. KIND O INDUSTRY	OF BUSINESS OF		
The man	USU/ 13a S	TATE 136 COUP Md. Balt	OTHER INSTITUTION ITY	GIVE RESIDENCE BEFORE TOVE Baltimo	VN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 16 McK	Cim Ave		
3 03/	14 FA		el Burn	LAST S		15. MOTHER'S MAIDEN NAME FIRST Sar	ah Jane Mul	ford	LAS	ı
the med		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) I IF YES, GIV NO —	MED FORCES? E WAR OR DATES)	214 01 9		Mrs. Marie	Sheene 203			MATE INTERVAL DINSET AND DEATH
ease remove category pro-		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O (b) DUE TO, O (c)	CAYCING RAS A CONSEQU RAS A CONSEQU	ENCE OF	Lung				201
. Then plitor to but so any inju	MOIL	PART 2 OTHER SIGNIFICANT (NOT RELATED TO THE TERM	INAL DISEASE OR CON		WERE FINDIN	
Hygiene pri Hygiene pri m 18 shows	CERTIFICAT	196 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYI	ING CAUSES	OF DEATH?
lental Hy or Item 1	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A	.M. MONTH D .M.	AY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJ	JRY IN ITEM 18, PAR	TTORPART2)	1 96
th and M marked	MED	WHILE OCCURRED WHILE AT WORK AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
of Heali em 21 is		27a.1 certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did no	ital) attended the VOV.	ne deceased fram. 192 after death.	85 30	-/3 , 19 70 nd that in (my) (aur) apinian	death occurred an the c	date and haur	and fram the	
State Dept		226 SIGNATURE	Uswo	2 10 Cc	ode	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	22c. DATE	SIGNED
with the State		726. PHYSICIAN'S NAME ITYPE OF	//	Cook		ne ADDRESS 2431 Md	· ave .	Bala	6. M	d. 212
N.		URIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 11/15			emetery or crematory na Cemetery	23d LOCATION CITY OR TOWN Gale	na, Md.	OUNTY	STATE

6500 York Road

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

MTTCHELL-WIEDEFELD HOME

24 FUNERAL DIRECTOR

DHMH-16 25M (VRA 15, 4) 1/79

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executed within 24 hours offe

death certificate be

requires that the

TTENDING PHYSICIAN: The law pital or attending physician.

FOR DEPARTMENT OF HEALTH A
DEPARTMENT OF HEALTH A
DEGISTRAD

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEPTIFICATE OF DEATH

19	(2)	0	weg	2	00.9
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	DEC NO				

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
NOV 2. 5. 1980

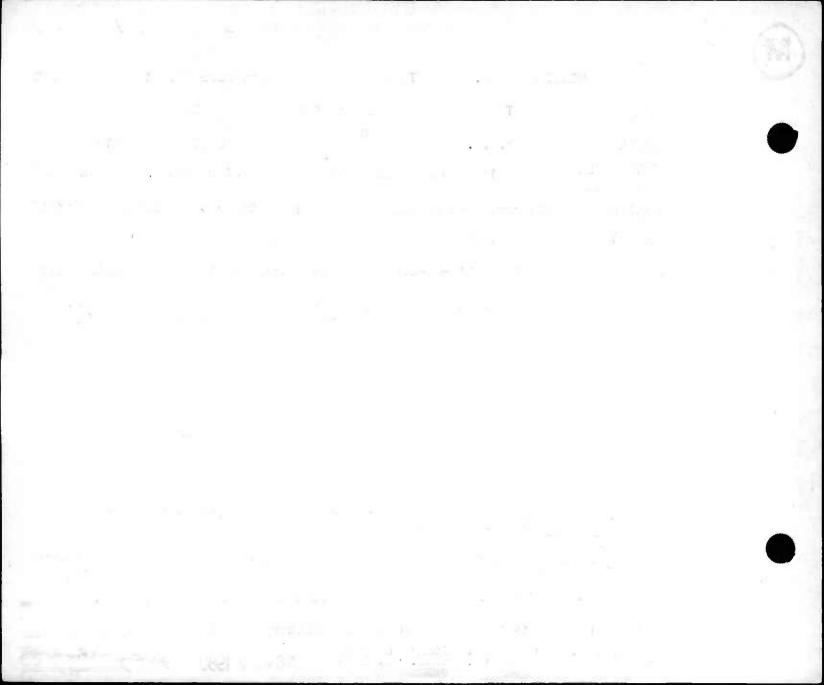
>	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		775
- 1	DECEASED NAME	FIRST		MIDDLE	ι	AST	20 DATE OF DEATH		Y YEAR	2b. HOUR
	(1110 011 1111)	WILLI	AM I	В.	STROMB	ERG	November 2	3, 198	80	4:42
- 1	3 SEX		4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
	MALE		WHITE		APRI		60	YRS	ANIHS DATS	HOURS MIN
	A. BIRTHPLACE (STA	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	BALTIMORE CITY C	R COUNTY C	OF DEATH	
35	MARYLAN	ID	U.S	. A.	WIDOWE	_	BALTI	MORE C	OUNTY	
00	CATONS			HOSPITAL, NURS HEACHTY GMESTREI 16 SOUTH		ng Road	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O SONIOT PA		126. KIND C INDUSTRY Rea	of Business o 1 Estat
35	USUAL RESIDENCE 13 STATE Maryland	136 COUN	other institution oty ltimore	13c CITY OR TO	WN	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 116 South	Rolli	ng Roa	d 21228
30	14 FATHER'S NAME CLEMENT		WOD! F	ROMBERG		15 MOTHER'S MAIDEN NA.	ME		BRIEÑ	_
7	In WAS DECEASED			166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	\$ S		
/	YES, NO OF UNKNOW	(IN AES, GIVE	WAR OR DATES)	213-32	- 5554	Beatrice Str	omberg 116	South	Rollin	g Road
	II CAUSE OF	DEATH (Enter on	ly one couse per	r line for (a), (b), a	ind ici.i				BETWEEN	MATE INTERVAL
	PART I. DEA	TH WAS CAUSE	D BY TE CAUSE (0)	Lacenon	ad.	revolate.			2 4	m. 1
gory, or omer r	PART 2 OTHE	stating the cause last	((c)	R AS A CONSEQUENCE ON TRIBUTING TO		NOT RELATED TO THE TERM	LINAL DISEASE OR CON	DITION GIVE	N IN PART 16	01
2	AND DATE OF C	PERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFYI	WERE FINDING CAUSES	NGS USED OF DEATH?
9	00.0001000111111	AS UNDERLYING G CAUSE OF DEA	HOUR A		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T I OR PART 2)	
	21d INJURY OF		21e PLACE	OF INJURY REET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	sow the d	not (I) (this hospi eceased alive an (we) (did) (did no	mr 23	e deceased from	e tuesday.	nd that in (my) (esta) opinion	, todeath accurred on the d			that (I) (we) lo
MOKIANI	22b. SIGNATU		heel	a q	P _	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN 🗆	221. DATE	SIGNED
5	11	n A. Nes	·			1009 Frederi	ck Rd. Cata	เกรเหาไว้	p Md	
<u> </u>	23e BURIAL CREMA				NAME OF C	EMETERY OR CREMATORY	234 LOCATION			
	(SPECIFY) Entombi	ment	11/26	/80	Loudon	Park Cemeter	y Baltim	ore Ma	ounty rvland	STATE

1004 BP____ DHMH-16 20M (VRA 15, 4) 7/78

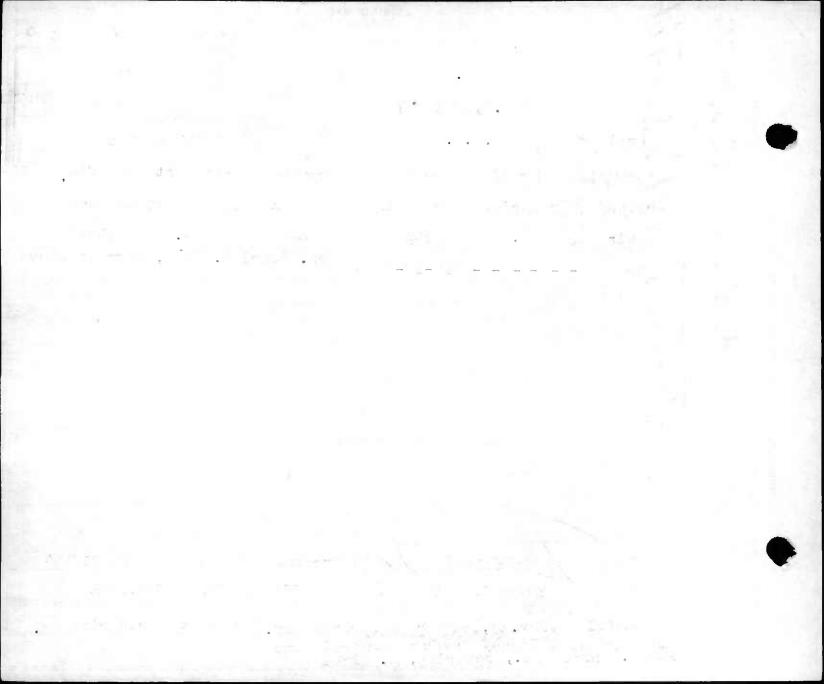
⁷⁴ FUNERAL DIRECTOR M. & RUSSell C. Homes 1630 Edmondson Ave.

Witzke Balto.

TO HOSPITAL STITEN



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ľ	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	VO.		
	ECEASED NAME PE OR PRINT)	Harvey	W.	Suck1	ing	November	28, 1	DAY YEAR	26. HOUR 12:13 P _M
1.5	EX	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	Wh.	ite	Jan.	9,1898	82	YRS.	MONTHS DATS	HOOKS MIN.
1	BIRTHPLACE (STATE OR FO	OREIGN 76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	Baltimore CITY			
2 100	Penna.		SA NOSDITAL NUIDS	WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPA			MD. OF BUSINESS OR
8	Towson		Josephin			Revere Cop			
130	UÂL RESIDENCE (IF MURSI . STATE	NG HOW OF OTHER INSTITUTION 136 COUNTY	13t. CITY OR TO Baltimo	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 5314 Tra		Road	
D III	FATHER'S NAME FIRST Walter	MIDDLE S. S.	LAST uckling		15 MOTHER'S MAIDEN NAME FIRST Margaret	ME	Wea	ver	
160.	I. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES)		166 SOCIAL SECURITY NO. 17 INFORMANT		ADDRESS Churchville, Md.				
-	no	(Enter only one couse pe	217-20		Mr. John H.	Suckling 29	904 Wh.	itefiel	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gave rise to imm couse (o), stating underlying cause	ediote)	Arteric OR AS A CONSEO		otic cardiovas	cular dise	ase		
Z			ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GI	VEN IN PART 1	01
CERTIFICATION	19a. DATE OF OPERAT	ION 196. CONE	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20n AUTOPSY?	IN CERTI	S, WERE FINDI	
	OB COLUBBIOLISM C	AUSE OF DEATH HOUR A		DAY YEAR	21c HOW INJURY OCCURE				NO D
MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ED 21e. PLACE	OF INJURY	FARM, ETC)	21f. LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	sow the decease	(this hospital) attended to d alive on NOT id) (CONT) view the body	7. 28. 10	08	18, 1980 nd that in XX (our) opinion of DEGREE	, toNOV death accurred on the		ur and from the	
	national	of D. de &	um,	n.0	ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 😿		28, 1980
	Nativida	ME (TYPE OR PRINT) d D. deLeon,	M.D.		7620 York	Road T	owson,	Md. 21	1204

DHMH-16 30M 2/B0 (VRA 15, 4)

TO FUNERAL DIRECTOR:

230 BURIAL, CREMATION, REMOVAL Burial Dec.1,1980 24 FUNERAL DIRECTOR

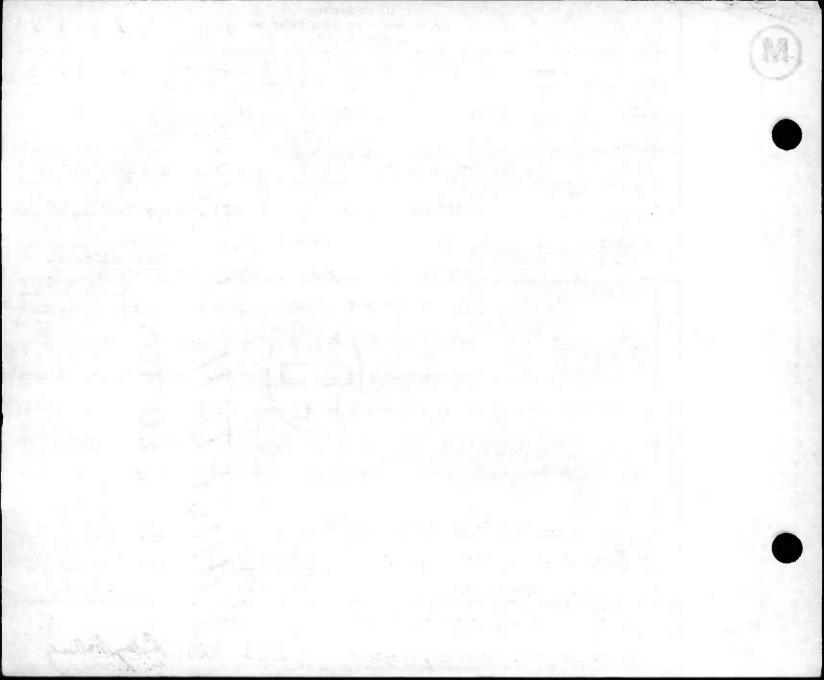
23c. NAME OF CEMETERY OR CREMATORY Presbyterian

23d LOCATION
CITY OR LOWN
Hollidaysburg

250. DATE REC'D. BY REGISTRAR 256. REDECT 1980

STATE Pa.

Leonard J. Ruck Inc. Baltimore, Maryland



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral candle be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 his with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examinary be noticined a TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after des retained by the hospital or attending physician.

BP.

DHMH-16 25M (VRA 15, 4) 1/79

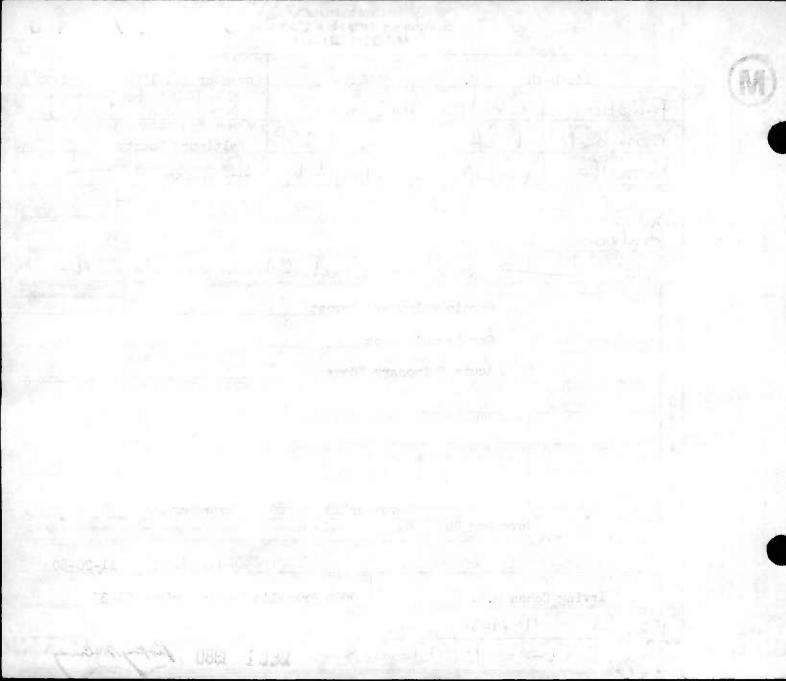
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7 4

2

FOR STATE REGISTRAR			HEALTH AND MENTAL HYG IFICATE OF DEATH	IENE 8 ()	2 7	740				
1. DECEASED NAME FIRST	M	AIDDLE	LAST	20 DATE OF DEATH		M 2b. HOUR				
Eliza	beth	M. S	ULLIVAN	November 2	6. 1980	7:58ª				
3 SEX	4 RACE		OF BIRTH	S. AGE UN YEARS LAST BIRT	THOAY) IF UNDER 1 Y					
fomalo	whi	te Fee	15.04/898AR	82		AYS HOURS MIN				
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	501.020	9 BALTIMORE CITY O	OR COUNTY OF DEATH	Н				
Waryland	211		IED NEVER MARRIED							
ID CITY OR TOWN OF DEATH	III. NAME OF H	OSPITAL, NURSING HOME		Baltimor		MD ND OF BUSINESS OR				
Rossuille	FRCL	HEARWITY, GIVE STREET ADDRESS)	. Hospital	CTYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST					
USUAL RESIDENCE (IF NURSING HOA		GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	esaco Ar	٥.				
14. FATHER'S NAME	MEDIECKS	teiy	15. MOTHER'S MAIDEN NAM	MIDDLE	FRANK	LAST				
160 WAS DECEASED EVER IN U.S.	ARMED FORCES?	215015002		hehe loal		An				
Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse loss.	DUE TO, OR DUE TO, OR DUE TO, OR DUE TO, OR	ardio-pulmona RAS A CONSEQUENCE OF RAS A CONSEQUENCE OF Cute Pulmonar	ock			PROXIMATE INTERVAL VEEN ONSET AND DEATH				
PART 2 OTHER SIGNIFICA 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	NT CONDITIONS <u>CO</u>		UT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR					
TIFIC				YES NOTE		YES NO				
On convenience Converse	F DEATH HOUR A.A	M MONTH DAY YEA		7 2)						
OR CONTRIBUTING CAUSE OF CAUSE	218 PLACE C (AT HOME, STRE	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE				
sow the deceased alive	200 L certify that \$6 (this hospital) attended the deceased from November 23 19 80 , to November 26 19 80 , that \$6 (we) lost sow the deceased olive on November 26 19 80 , and that in \$100 pp. (our) opinion death occurred on the date and hour and from the causes stated above, \$6 (we) (did) (\$100 pp. (view the body after death.)									
27b. SIGNATURE	2 0	Cole	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF .	-26-80				
22d PHYSICIAN SHAME IT	Cohen M.I	o	9000 Frankl	in Square D	rive 2123	7				
230. PURIAL, CREMATION, REMO		234 NAME OF	CEMETERY OR CREMATORY Accompany	234. LOGATION	comply	- La 51(1)				
24 FUNDRAL DIRECTOR	val	12 ADDRES Clasa	es Ave, 250. DATE	C 1 1980	25h BEGISTRAR'S SIGN	NATURE				



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after retained by the haspital ar attending physician.

DHMH- 16 30M 2/80 (VRA 15, 4)

	(TYPE	CEASED NAME FIRST OR PRINT) HOWARD	J	OSEPH	SULI	IVAN	20. DATE OF DEATH	11	7 80	8:
2 1	3, SE		4 RACE		1		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNI
6		MALE	WHI	TE	S. DATE O	7^ ŏ4	76		AONTHS DAYS	HOUR
1	(RTHPLACE (STATE OR FOREIGN OUNTRY) MARYLAND	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	DI NEVER MARRIEL	9 BALTIMORE CITY O		OF DEATH	
23	F	ORT HOWARD	A. M	EDICAL CE	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Lathe Or	F WORKING LIFE		or Busi undi
35	13a S	ARYLAND B	OR OTHER INSTITUTION DUNTY	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO TO	13e. STREET ADDRESS			
² α	14. FA	THER'S NAME FIRST WILLIAM	MIDDLE H.	SULLIVAN	ī	IS MOTHER'S MAIDEN NA FIRST SUSAN	Ann		ARMSTRO	
2		VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
	YES WW		VII	217 09 7	407	CLINICAL REC	CORDS, VAMC,	FORT		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one couse per JSED BY: IATE CAUSE (0)			TORY DISTRESS	SYNDROME		BETWEEN 5	DAYS
		Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(c)	r as a conseque	ENCE OF	NOT RELATED TO THE TERM			14 I	
	ATION	19g. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	, WERE FINDING CAUSES	NGS US OF DE
2	FIC					Tal- HOW IN HURY OCCUR	RED (ENTER NATURE OF INJUR			NO
29	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA		ZIE HOW INJURY OCCUR				
29	MEDICAL CERTIFIC		DEATH HOUR A. INER) P. 21e PLACE	m. month da m.	19	21f. LOCATION STREET	CITY OR TO	NN	COUNTY	
29		OR CONTRIBUTING CAUSE OF INFEITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22e.1 certify that (M(this ho saw the decased alive above, (M(we) (did) (did)	DEATH HOUR A. INER) 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	21f. LOCATION STREET 3/13/, 19 80 d that in (Ky) (aur) apinion	, to11	/1/_	19_ 80	
29		OR CONTRIBUTING CAUSE OF INFEITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22e. I certify that (Mathis he saw the deceosed alive above, (May) (did) (did) 22b. SIGNATURE	DEATH HOUR A. INER) 21e PLACE (AT HOME, STI	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	211. LOCATION STREET 3/13/, 19/80	, to11	ite and hour	19 80	couses

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı		REGISTRAR				CERTIF	CATE OF DEAT	TH	RE	G. NO.		
	I. DEC	EASEDNAME ORPREDOWN	FIRST	Dav	ald 1	T9SKG	2 1		20. DATE OF DEA		DAY YEAR	26. HOUR 4:35 AM
	3. SEX	Male		N. RACE	ite	5. DATE O	DAY	YEAR 040	AGE (IN YEARS LA	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	C	RTHPLACE (STATE OF OUNTRY) Vest Virgi		USA	WHAT COUN	TRY? 8. MARRIED WIDOWE	NEVER MARK	SIED 📙	Baltimore CI	TY OR COUNT		MD
1	10_CIT	or town of de	ATH			IRSING HOME O	rother institut	ION I	120. USUAL OCCU (TYPE OF WORK FOR N Se Lf-en		12b. KIND C INDUSTRY Lands	of Business OR
	13a. S	LERESIDENCE (IF NUE TATE MD THER'S NAME	13b COUN Balta	TY	13c. CITY OR		13d. INSIDE CITY L YES NO	KK		hanted	Hills R	Rd., Apt.
		Edward		S.		sker		garet	MIDE		De Ŵ	itt
		(AS DECEASED EVE ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		SECURITY NO. 1	32 Encho	Mrs. inted	Maureen Hills Ro	Tasker Tasker 1. Apt.	MD 6,0wing	21117 Js Mills,
7	z	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							IVEN IN PART 1	a1		
	CERTIFICATION	19a DATE OF OPER	ATION	19b. COND	TION FOR W	HICH OPERATION	WAS PERFORME	D	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	
	MEDICAL CER	21 d. ACCIDENT WAS UIT OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUI	CAUSE OF DEAT DICAL EXAMINER)	P. 21e PLACE	M. MONTH M. OF INJURY	DAY YEAR 19 FICE, FARM, ETC.)	216. HOW INJURY	Y OCCURRE	D (ENTER NATURE O	FINJURY IN ITEM 18	PART 1 OR PART 2) COUNTY	STATE
	4	22a. I certify that (saw the deceadove. (I) (we) 22b. SONATURE 22d. PHYSICIAN'S N	l) (this hospitated alive on did) (did not	view the body		19 <u>% 3</u> , on	d that in (my) (our) DEGREE ATTEM PHYS 22e ADDRESS) opinion de	MEDICAL DIRECTOR PH	STAFF	22c. DATE	
-	73a. B	CHASSE URIAL, CREMATION		23b DATE	OTAT		EMETERY OR CREM	AATORY	23d LOCATION	0	en. H	ogul d

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending the should be detached for use as the burial-transit permit. Then please remove carbana with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remore.

ottending physicia

injury, ar other traumatic

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

MD

Burial 11/17/80 Crest Lawn Cemetery Marriottsville Howard II

14 FUNERAL DIRECTOR Loring Byers Funeral Directors, P.A. 136 DATE REC'D. BY REGISTRAN 136. REGISTRAN 136 REG



Charles Andrews (March 2011)

24 FUNERAL DIRECTOR

J. G. CONNELL,

DHMH-16 25M (VRA 15, 4) 1/79

	- 5	OR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 0 REG. NO.	27743
	DECE TYPE OR	ASED NAME FRST PRINT) Soph	ia TEGEDER	LAST	November 21,	10
3 ouce	SEX	5	4 RACE	5. DATE OF BIRTH MONTH BAY OF YEAR 2 / 2 / 0 0	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
100	. BIRT	HPLACE (STATE OR FOREIGN NTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED		
0/	-	SSVILLE	11. NAME OF HOSPITAL, NURSIN IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR	17b, KIND OF BUSINESS O INDUSTRY
	SUAL STA		OTHER INSTITUTION, GIVE RESIDENCE BEFORE STY 134 CITY OR TOW ALTO ESSE	N 134 INSIDE CITY LIMIT	S? 130 STREET ADDRESS	TERN AVE
10 30 H	,	FIRST VIGHTAM	MIDDLE BAKER	15 MOTHER'S MAIDEN	FRICA	UNK
the m	a WA (YES,	S DECEASED EVER IN U.S. AR NO OR UNKNOWN) (# YES, GIV NO	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	BURKHOFF	ABOVE
atic event,	11	PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), one D BY: Cardi TE CAUSE (a)	opulmonary arres	st	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y, or other traum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			
niúi kue		ART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(0)
8 /	19	DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
ai /	10	DR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	CURRED (ENTER NATURE OF INJURY IN IT	EM 18, PART † OR PART 2)
marked o	Ĕ	WHILE NOT WHILE I NORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
m 21 is r	2	sow the deceased alive an	November 21 19	00	nion death occurred on the date of	
ANT: If Its	2	B. SIGNATURE	eng a Con	len MD ATTENDIN PHYSICIA	NG MEDICAL STAFF	271. 117.21780
TWPORTANT	2:	e PHYSICIAN'S NAME ITYPE O Irving	cohen	22e ADDRESS 9000 R1	ranklin Sq y are D	r., 21237
≥ 23	Is BUR	RIAL, CREMATION, REMOVAL	1 . /	IAME OF CEMETERY OR CREMATO	DRY 23d LOCATION CITY OF TOWN	COUNTY STATE

300 MACE

250 DAN BODZY REGISTING 256. REAL PROPERTY OF THE PROPERTY OF

Control of the state of the sta 16038 1448 ERPHINA SC 115 15 15 WHITE BALL ESSEN F 613 EHSTERM HER WHILLIAM DAKEN CREEKS ENKL THE STATE OF THE PARTY. 0.31 11/21/80 The same of the same of the The second construction of the second I BOTH WELL JAM MICK

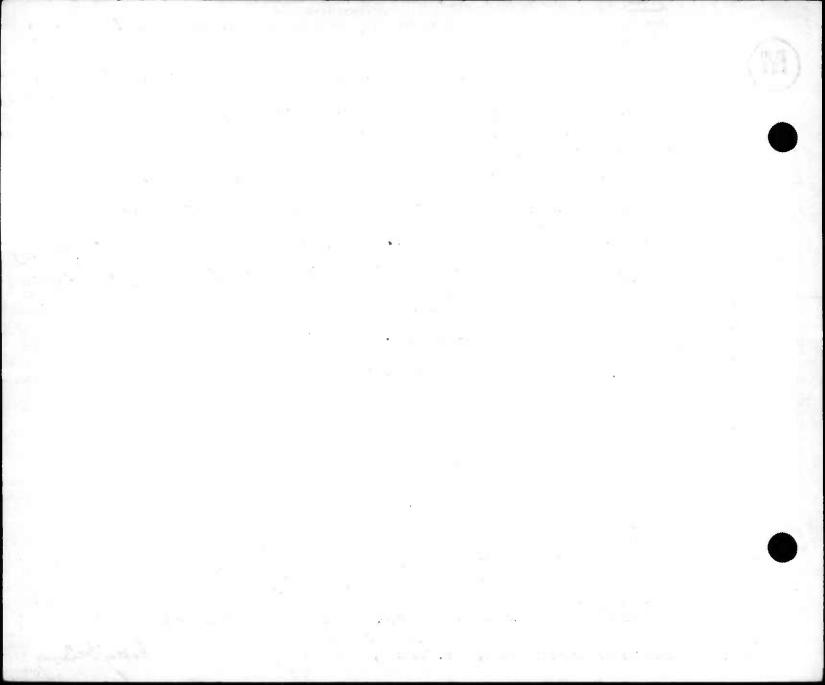
/	/		FOR		STATE OF MARYLAND		27744	
-	5	1.	STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		2// 77	1
(M	n.s		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	-
	000	2.55	HIDER	F E.	1110/11/2017	SR. 6 AGE LINYEARS LAST BIRT	11 27 80 7 PM	W
4 90	ector, p	3 SE	Male	White	5. DATE OF BIRTH MONTH DAY 18		MONTHS DAYS HOURS MIN	-
A s	72 hou	70. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIE	DUI BANIS	R COUNTY OF DEATH	
Ų.	officed of	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWED DIVORCEI URSING HOME OR OTHER INSTITUTIO	6000		
20 Si	G ≅ €		Towson	Stella	Maris Hospice	Owner-Auto	61	-
BALTIMORE, MAKTLAND 2120 cote be executed within 24 hours	should be	13a	AL RESIDENCE IN NURSING HOME OR STATE 136, COUN	TOTHER INSTITUTION, GIVE RESIDENCE TY 136 CITY OF		its? 13e street address	Joppa Road	
MAKYLA	ond 2 sh	14. F.A	THER'S NAME Alburt	MIDDLE Thon	15. MOTHER'S MAIDI	EN NAME MIDDLE	France	_
WORE, M.	Poges		VAS DECEASED EVER IN U.S. ARZES, NO OR UNKNOWN) (# YES, GIVE	MED FORCES? 166 SOCIAL 218-0	SECURITY NO 17 INFORMANT	ADDRE	SS. Balto. /	カ
JALTII)	5 S		18 CAUSE OF DEATH (Enter on	ly ane cause per line for (g), (The Hatte I - Eur -	Shepice Dijar	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	=
2 4	0000		PART I DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)AC	ute M.I.		The second second second	_
deoth o	ottendin ove corb tion, or tomotic		Canditions, if any, which	DUE TO, OR AS A GONS	SEQUENCE OF A.S.C.	V.D.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert	y the cremo cremo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF VA			
is the	hen pleos to buriol, njury, or o		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONI	DITION GIVEN IN PART 1(a)	=
requi	Then port to but	§.						_
N REC	er this certificate has been the barrol-transit permit. I and Mental Hygiene prior ked or them 18 shows any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
AN: T	is certificate buriol-transit Mental Hygie		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 A AL ALONITI		OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	_
PHYSICI ending	borrol buriol Mente or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	211 LOCATION		<u> </u>	_
VISION PH	After this se as the bu oith and M morked or	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTOR, C		CITY OR TOW	N COUNTY STATE	
_ 50			22a.1 certify that (1) (this hospit saw the deceased alive on	Alawa - 66/ 116	Ch /	78 10 NOWMAN	19 80 , that (I) (we) last te and haur and from the causes stated	,1
ATTEN	DIRECTOR oched for u Dept of He f hem 21 is		obove, (I) (we) (did) (did na 22b. SIGNATURE	t) view the bady ofter death.	DE GREE	pinian death occurred on the ac	22c. DATE SIGNED	-
A P S	RAL DIRECTOR DIRECTOR DISTRIBUTION OF DEPT				ATTEND PHYSIC			
OSPIT ed by	TO FUNERAL Eshould be deto with the State IMPORTANT: If		224. PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS	- theries Dila	Valla Ry Balto, 1	n
TO H	Show the MP	730 4	LUMIC NO	unnuala, III. L	234 NAME OF CEMETERY OR CREMA	TORY 1234 LOCATION.	ney rainey 111. 21204	=
Df		1	URIAL, CREMATION, REMOVAL SPECIF BUTIAL	11-29-1980	Greenmount	Baltimo	ore county Maryland	

DHMH-16 20M (VRA 15, 4) 7/78

Ruck Towson Funeral Home, Inc. Towson, Maryland

1050 York Road 1250 DATE REC'D. BY REGISTRAR 1250. REGISTER'S SIGNATURE TOWSON, Maryland AFC 1 1981

1980



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after dea	4 may br, pag
with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

FOR

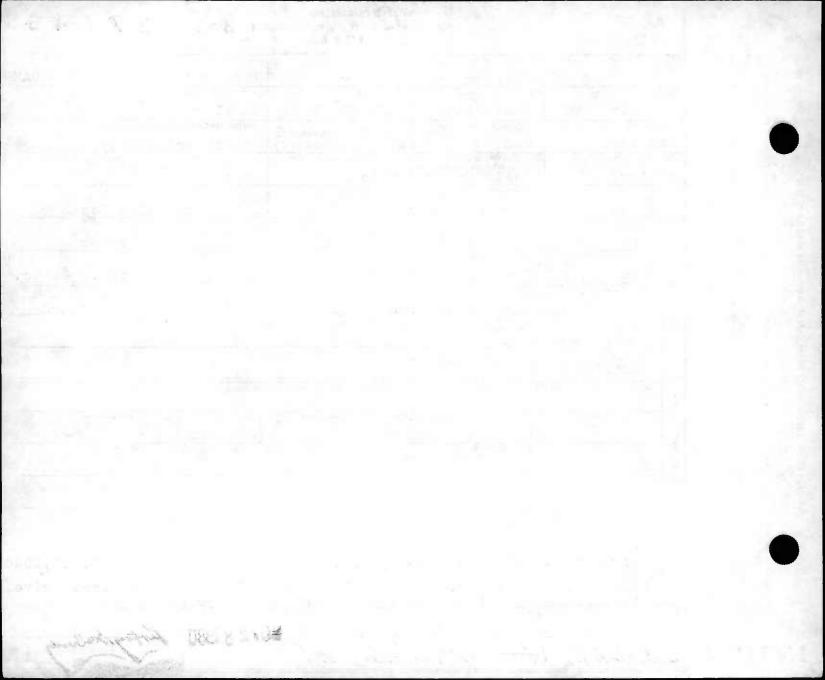
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1	- STATE REGISTRAR			JULI AKIN	CERTIF	ICATE OF DEATH	REG. N	0.		
	ECEASED NAME PE OR PRINT)	FIRST	,	MIDDLE		LAST	2e. DATÉ OF DEATH	MONTH	DAY YEAR	26. HOUR
		DSCAR	ELL	SWORTH	TI	NLEY	November	23,	1980	10:40AM
3. SI	EX	4.	RACE		5. DATE O		6 AGE IN YEARS LAST BIRT	HDAY)	IF UNDER I YEAR	# UNDER 24 HRS
	Male		Cauca	sian	SEP	T 27, 1919	61	YRS.	MONINS OATS	I MIN
	BIRTHPLACE (STATE OR F COUNTRY) aryland	OREIGN 76	USA	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DONORCED	Baltimore City o	_		MD.
10 (CITY OR TOWN OF DE	ATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12e USUAL OCCUPAT	ON	12b. KIND C	F BUSINESS OR
M	illers		20420	Gunpow	der	Road	Game War		PE) INDUSTRI	
USU	JAL RESIDENCE (IF NUR	SING HOME OF OT	HER INSTITUTION.		ADMISSION)	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
	aryland	Balti		Miller		YES NO	20420 Gui	now	der Roa	ad
_	ATHER'S NAME		NDLF.			15 MOTHER'S MAIDEN NA	ME			
	Joseph	AIC	3100	Tinlev		Mary	WIDDLE		Porte	
16a.	WAS DECEASED EVER	IN U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR	SS		
	Yes	USN19	39 - 59	213-12	-538	Medical	Record, US	SPHS	Hosp.	. Balto.
F	IL CAUSE OF DEAT				l (c) 1					MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	MAS CAUSED	BY:			of prostate			4.1	vears
ы	1850	IMMEDIATE				or proceded				, cars
	Canditions, if any	which	DUE TO, OI	R AS A CONSEQUE	NCE OF					
	gave rise to im	mediate)							
	underlying cause		DUE 10, OI	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER SIG	NIFICANT CO	NDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GI	VEN IN PART 1	01
CERTIFICATION	10.00									
18	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YE	S, WERE FINDI	NGS USED
I E							YES NOTO		IFYING CAUSES	NO []
18	210. ACCIDENT WAS UN		216. TIME O		MEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18,	PART I OR PART 2)	
1	OR CONTRIBUTING		HOUR A.		Y YEAR					
MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY		21f LOCATION	····			
₹	AT WORK AT WE	ORK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC)	SIMEE!	CITY OR TOV	M	COUNTY	STATE
	229 I certify that (I	K.X.X.X.X	attended the	e deceased from_	Apr	i 1 19 80	, to_preser	nt	. 19	that (I)X(v)E) last
	saw the secess	ed alive an O	ctobe	r 28 19	801.0	nd that in (my) (XuX apinian	death occurred an the de	ate and ha	ur and fram the	causes stated
13	174 SIGNATURE	pig() (ala nar) (new the body	die beats	0.0	DEGREE			22c. DATE	SIGNED
	shill	all	15/	Tome	aut	M.D. ATTENDING	MEDICAL STA	FF	NOV.	23,198
1	224. PHYSICIAN'S N	AME (TYPE OR PI	HNT)	-	-	22a ADDRESS				
	Michael		ewart	•		USPHS Hosp) Wyr	nan Pai	rk Drive
23a.	BURIAL, CREMATION,	rimar REMOVAL	Y Hea			S Baltimo	TO Mary 1:	ind i	21211	
	(SPECIFY) Burial		Nov.	25, 198			Mai lalor	. 6	alto.	MD
24 F	FUNERAL DIRECTOR	4	/		1		PAR DE BOIL	25h A GIS		Geranda
1	1. J. Ech	hards	1	Man	hear	to mk. ~	• •	COOK	1	- 7
4			·	1.12100		0 1779				

DHMH-16 25M (VRA 15, 4) 1/79

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the me



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, should be detached far use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filed within 72 hours after with the State Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.

death. Page 4 may be

5	1.	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 2 7 7 4 6
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
		Ruby	Guessworth	Trego	Nov.21.1980 3:30
	3. SE	x	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	F	'emale	White	Sept.7, 1889	
ce.	Za. 81	RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
35	Ma	ryland	U.S.	WIDOWED DIVORCED	Baltimore Co . MD.
fied	10. C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A 	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION 12b, KIND OF BUSINESS OR
DU		ltimore	6614 Loch Hil	1 Road	Homemaker
ner musit be	130. 5	AL RESIDENCE (IF NURSING HOMEORGE) TATE Md. THER'S NAME		13d. INSIDE CITY LIMITS?	15. STREET ADDRESS 6614 Loch Hill Road
30		FIRST	AIDDLE LAST	FIRST	MIDDLE LAST
8	tán V	Charles Wil		Mary RITY NO. 17. INFORMANT	Jane Fitzhugh ADDRESS
event, the medical			217-48-5	872 Mrs. Mary E	.McHenry, Baltimore, Md.,
injury, ar other troumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	rterio sclerosis	
	NOIL				MINAL DISEASE OR CONDITION GIVEN IN PART 1(10)
Auo smo	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH (OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
MPORTANT: If them 21 is marked or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2)
urked or	MEDICAL	21d INJURY OCCURRED WHILE OF WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 2H. LOCATION STREET	CITY OR TOWN COUNTY STATE
n 21 is mo			ol) ottended the deceased from	70 , and that in (my) (que) opinion	death occurred on the date and hour and from the causes stated
LT: If Hen		226. SIGNATURE			MEDICAL STAFF MEDICA
RIA!		22d. PHYSICIAN'S NAME (TYPE OR		??e ADDRESS	
ON I		Joseph F. Pa	almisano, MD	6608 Loch	Raven Blvd Baltimore, Md,
≤	23a. E	Burial, cremation, removal Burial		ame of cemetery or crematory Christ Churchya	rd Cambridge, Dor., Md.

DHMH-16 30M 2/80 (VRA 15, 4)

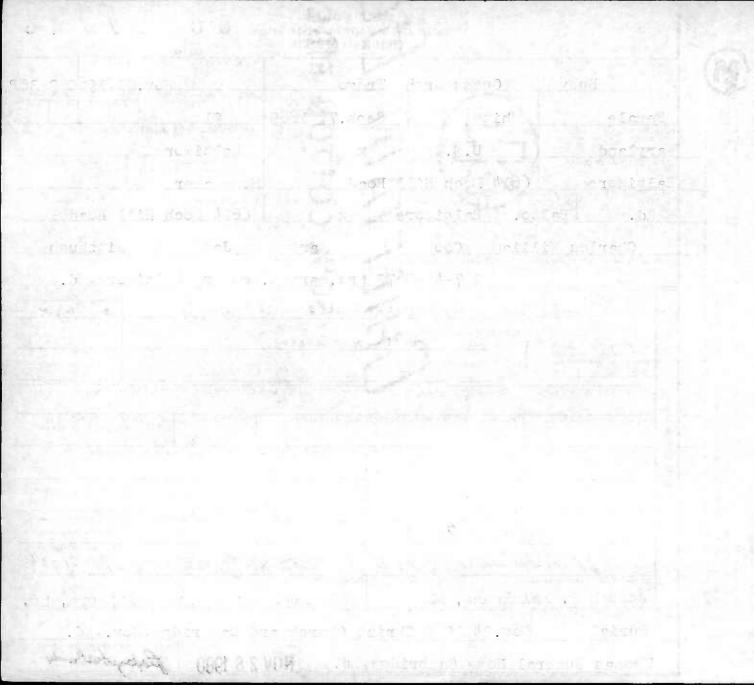
Thomas

24 FUNERAL DIRECTOR

Funeral Home, Cambridge, Md.,

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physicion



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

OOOCBP-

	1-	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 Q	2	1 1	en j
		CEASED NAME	PRRI	MIDDLE	TR	AST LIMBO		MONTH DAT	Y YEAR	26. HOUR
once.	3 SE		RAC	ucasian	5 DATE O		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	# UNDER 2
ed at o	Jo. BI	RTHPLACE (STATE OR FO OUNTRY) West Virgi	OREIGN 76 CIT	ZEN OF WHAT COUNTR	Y2 1	D NEVER MARRIED	Baltimore CITY O			
955		ITY OR TOWN OF DEA Randallston	wn Ba.	AME OF HOSPITAL, NUR: NOT IN SUCH FACILITY, GIVE STRI Ltimore Gene	eral Ho		17e. USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Farmer	ON	12h. KIND C	
See m	13e. S	al residence (# nurs STATE Maryland	Pr Geo:	STITUTION, GIVE RESIDENCE BEF	OWN	13d. INSIDE CITY LIMITS? YES NO 🏗	130. STREET ADDRESS Rt.1 Box 4	03 N		
Medical exar		John	MIDDLE	Trumbo		is mother's maiden na Finst Malinda	MIDDLE		mentro	
t, the me	0	WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMED FO (IF YES, GIVE WAR OR			I Mr. Fay Tr	ADDRI umbo Midla	nd, Vi		2272
trau		Conditions if any		UE TO, OR AS A CONSEC	- 1 1	Le UTI				
s any injury, or other trau	ATION		which mediate ag the lost	UE TO, OR AS A CONSEC (c)	QUENCE OF	NOT RELATED TO THE TERM			N IN PART II	
n 18 shows any injury, or other trau	CERTIFICATION	gave rise to imm cause (a), statin underlying cause	which mediate g the last. NIFICANT CONDITION 19 DERLYING 21	IB) POPULATION OF AS A CONSECUTION OF CONTRIBUTING TO BE CONDITION FOR WHILE BUTTON OF THE CONTRIBUTION OF	QUENCE OF O DEATH BUT CH OPERATION		20a AUTOPSY? YES □ NO🏡	206. IF YES, IN CERTIFYI YES	WERE FINDI	NGS USED S OF DEAT
	MEDICAL CERTIFICATION	gave rise to immediate to immediate to immediate the part 2 OTHER SIGN 198 DATE OF OPERA 218 ACCIDENT WAS UNIT OR CONTRIBUTING (FEITHER, NOTIFY MEDIC 21d. INJURY OCCURI	which mediate g the lost. Ost Other lost	UE TO, OR AS A CONSEC (c)	QUENCE OF ODEATH BUT CH OPERATIO DAY YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES □ NO🏡	206. IF YES, IN CERTIFY YES RY IN ITEM 18, PAR	WERE FINDI	NGS USED S OF DEATH NO
or Item 18		gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 198 DATE OF OPERA 210, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR! WHILE NOTIFY AT WORK AT WORK 220.1 certify that (1) saw the decease obove, (1) (we) (1)	which mediate 19 the last. NIFICANT CONDITION 19 DERLYING 21 CAUSE OF DEATH ALEXAMINER) RED 21. (A) (A) (A) (A) (A) (A)	Ib)	QUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM, ETC.)	211 LOCATION STREET 211 (my) (aur) apinian	200 AUTOPSY? YES NO AUTOPSY? YES NO CITY OR TO	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18, PAR	WERE FINDI	NGS USED SOF DEATI
ANT: If Item 21 is marked or Item 18		gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 198 DATE OF OPERA 218, ACCIDENT WAS UNIT OR CONTRIBUTING (FEITHER, NOTHY MEDIC 21d. INJURY OCCUR! WHILE AT WORK AT WO 22a.1 certify that (1) sow, the decess.	which mediate g the lost. Iost DI	Ib) DE TO, OR AS A CONSECTION OF AS A CONSECTION OF A CONTRIBUTING TO THE CONTRIBUTION OF A CONTRIBUTI	QUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM, ETC.)	N WAS PERFORMED 21t HOW INJURY OCCURI 21t LOCATION STREET	YES NO CITY OR TOO	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18, PAR	WERE FINDI	NGS USED S OF DEAT NO
If Item 21 is marked or Item 18	WEDICAL WEDICAL	gove rise to imma cause (a), stating underlying cause PART 2 OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTEY MEDIC 21d. INJURY OCCUR! WHILE NOT WAT WORK NOT WAT WORK AT WO 220.1 certify that (I) sow the decease obove. (I) (we) (c) 221. SIGNATURE	which mediate g the lost DI	Ib)	QUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 CE, FARM, ETC.) The state of t	211 LOCATION 211 LOCATION STREET 19 and that in (my) (aur) aprinian DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO MEDICAL STA MEDICAL STA DIRECTOR PHYSIC	20b. IF YES, IN CERTIFYIN YES RY IN ITEM 18, PAR THE ART OF THE	COUNTY 9 22c. DATE	NGS USED S OF DEATH NO that (I) (we causes sta

So Howard was sured to so the same remio n'artille ... in any fact the fact of the source that the second of the second x mental . Manual and the second of the second Total Control of the delle al delle come come come come STATE OF MARYLAND

TURSHTNSKY

5 DATE OF BIRTH

5

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

BALTO, COUNTY GEN, HOSPITAL

TURSHINSKY

MIDDLE

CAUEA CON

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

136 COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

BALTIMORE

MIDDLE

I HE YES GIVE WAR OR DATES!

76 CITIZEN OF WHAT COUNTRY?

U.S.A.

(# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13t. CITY OR TOWN

GREENFELD

216/2

RANDALLSTOWN

166 SOCIAL SECURITY NO

CARLYN

FEMALE

TE BIRTHPLACE ISTATE OR FOREIGN

LE-CITY OR TOWN OF DEATH

RANDALLSTOWN

COUNTRY MARYLAND

13a STATE

MARYLAND

4 FATHER'S NAME

DAVID

(YES, NO OR UNKNOWN)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YES TX

134. INSIDE CITY LIMITS?

REBECCA

NO [IS MOTHER'S MAIDEN NAME

YEAR

0	Park.
O	U

AGE (IN YEARS LAST BIRTHDAY)

12ª USUAL OCCUPATION

HOUSEWIFE

13e. STREET ADDRESS

3709 CORTLEIGH DR., RANDALLSTOWN, MD

IT INFORMANT, SAMUEL TURSPERSKY

2e DATE OF DEATH

63

2h. HOUR

126 KIND OF BUSINESS OR

#21133

IF UNDER 24 HRS

REG NO

MONTH

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY

TYPE OF WORK FOR MOST OF WORKING LIFE)

3709 COURTLEIGH DR.

MIDDLE

20

IF UNDER I YEAR

INDUSTRY

DEMBO

AT HOME

	- STATE REGISTRAR
M) 848	1. DECEASED NAME TYPE OR PRINT)
pag	3. SEX

IMPORTANT:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic).
PART I. DEATH WAS CAUSED BY: CARDIOGENIC SHOCK TO PULMONARY IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF BIAL SNEAR ETION Conditions, if any, which gave rise to immediate cause (a), stating the DUE-TO-ORAS A CONSEQUENCE OF ROTIC CARMIOVASCULAR AD SUASE underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON YES T NO M 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 71a PLACE OF INJURY COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 f certify that (1) (this haspital) attended the deceased from, 11-20saw the deceased alive an_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL 1-20-80 PHYSICIAN | DIRECTOR PHYSICIAN ith the Sta 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22R ADDRESS 2 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECEBURIAL STATE 11-23-80 OHEL YAKOV MD 25e. DATE REC'D. BY REGISTRAR 25k. REPOSTRAR'S SIGNATURE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH-16 25M 6010 REISTERSTOWN RD., BALTO., MD 21215 (VRA 15. 4) 1/79

FEMALE CAM OF DE 12

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A MISTOR END OF SHED SHED SHED SHED

MYDEAR BIAL GNEAR ETION

ARTERIOUS CREMONS CHINA PROBLE

45 M C

104 2 5 1990 Bakybachung

injury, or other troumotic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

DHMH - 16 50M 1/76

(VR A 15 (4))

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the hospital ar attending physicion.	
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND	MENTAL HYG DEATH		REG. NO.	2/	1	9 9
	ECEASED NAME FIRST PE OR PRINT) George	gina	C. 1	Ueber	roth		Nov.	5,	1980	YEAR	26 HOUR 10:33а _м
3 51	EX	4 RACE			OF BIRTH		6 AGE IN YEARS	LAST BIRTHDAY		ER I YEAR	IF UNDER 24 HRS
	Female	Whi	te	Nov	-	1894		5	MONTHS	DAYS	HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER		9 BALTIMORE			EATH	
7	Maryland	US	SA	WIDOW		IVORCED []	Baltim	ore Co	ounty		MD.
10. 0	Towson	11. NAME OF	HOSPITAL, NURSIN CHFACILITY, GIVE STREET OSEPH HOS	IG HOME (OR OTHER INS	NOITUTION	12a. USUAL OCC		RKING LIFE) INC	DUSTRY	F BUSINESS OR
130	JAL RESIDENCE (IF NURSING HOME STATE IN COL Maryland	OR OTHER INSTITUTION		ADMISSION)		CITY LIMITS?	13e. STREET ADD	RESS		OVVI	THOTTE
	ATHER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NAM		IDDLE	1		
	George	B.	Hoaas	on		Katheri		IDDIE		Klir	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORM	ANT		ADDRESS		13111	
	NO (IF TES, GI	VE WAR OR DATES			Mrs.	Mary	C. We	preci	nt	S	ame
TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, C b) DUE TO, C Ic) CONDITIONS C		NCE OF	TNOT RELATE	D TO THE TERM	INAL DISEASE O	RCONDITIC			
CERTIFICATION	190 DATE OF OPERATION	196. CONL	DITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	YES NO		LIF YES, WERI CERTIFYING YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW If	NJURY OCCURR	RED JENTER NATURE	of injury in i	TEM 18, PART 1 OR	PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	21f. LOCATI STREET	ON	CIT	OR TOWN	COL	YINL	STATE
	220.1 certify that IX (this has sow the deceased alive a obove. In (we) (did) inter- 22b. SIGNATURE				nd that in (🅳	19 <u>80</u>) (our) opinion o	, toNOV death occurred ar		nd hour and f	rom the	
	Som	25.6	it, A	yp,	_	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		OV.	6, 1980
	22d. PHYSICIAN'S NAME (TYPE				22e ADDRES		. 1	m	W 1	212	0.4
	Henry S. C					0 York			n, Md.	212	04
23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	11/7			EMETERY OR Rede		23d. LOCATIO		COUNTY		state arvland
24 F	ON YORK ROAC	W. Je	nkins &	Sons 212	Co.		REC'D. BY REGI			Ne.	Brudy

NOV 7

1980

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1	-	STATE
		REGISTRAR

page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled within with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar ather traumatic event, the

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death. Page 4 may be

executed within 24 haurs after

requires that the death certificate be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CEKITE	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST OR PRINT) Mary	(Marie)A.	Vaeth	AST	20 DATE OF DEATH			26 HOUR 9:45р
Sep.	3. SE	x Female	4 RACE White	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN
31	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHA	MARRIE	D X NEVER MARRIED	Baltimore City of Baltimore		ATH	MD.
3		TOWS ON		PITAL, NURSING HOME C SEPTI TOSPICA	OR OTHER INSTITUTION	120 USUAL OCCUPATIONS OF HOUSEWIY	ION SE WORKING LIFE) IND	KIND OF DUSTRY	BUSINESS OR
35	130. S	AL RESIDENCE (IF NURSING HOME STATE 13b CO Maryland	OR OTHER INSTITUTION, GIVE UNTY 13c.	residence before admission) CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES [3] NO []		dbourne A	lve	
00	14 FA	THER'S NAME FIRST George	MIDDLE Piec	chocki	15 MOTHER'S MAIDEN NA.	WE	Kwas	nik st	
2		VAS DECEASED EVER IN U.S. (es, no or unknown) (if yes, o	SIVE WAR OR DATES)	SOCIAL SECURITY NO. 213-28-6265	Mr John F V	aeth	Same		
2	CERTIFICATION	Conditions, if any, which gave rise to immediate cause lal, stating the underlying cause last PART 2. OTHER SIGNIFICAN 190 DATE OF OPERATION	DUE TO, OR AS	A CONSEQUENCE OF A CONSEQUENCE OF RIBUTING TO DEATH BUT N FOR WHICH OPERATION		INAL DISEASE OR CON	206. IF YES, WERE	FINDIN	GS USED
9	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK NOT WHILE AT WORK 120.1 certify that (**) (this ho saw the deceased olive.	P.M. 21e. PLACE OF I (AT HOME, STREET, I spital) ottended the de	MONTH DAY YEAR 19 NJURY FACTORY, OFFICE, FARM, ETC.) Isceased from 19 0ct	216. HOW INJURY OCCUR! 216. LOCATION STREET 25. 19-80 and that in 14-9 (our) apinion	CITY OR TOV	wn cou	BO_, tl	STATE we lost ouses stated
1		above, X (www) (did) (X) The SIGNATURE 22d. PHYSICIAN'S NAME (TYP)	Elila		ATTENDING PHYSICIAN X	MEDICAL STAI DIRECTOR PHYSIC	FF CIAN []	C. DATE S	1204
	(3	BURIAL, CREMATION, REMOVE SPECIFY) BURIAL	23b. DATE 11/10/	And the second	emetery or crematory ns Of Faith	23d LOCATION CITY OR TOWN Baltimo	county Ore, Mary		STATE
1	24. FU	INERAL DIRECTOR NAME Leonard J	Ruck Inc.	Baltimore, M	25e. DAT	REC'D. BY REGISTRAR V 1 0 1980	25b. REGISTANS	y Se	Bredy

NOV 1 0 1980

DHMH - 16 50M 1/76 (VR A 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

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should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours of with the State Depty, of Health and Mental Hygiene prior to burial, cremation, or removal.

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medical exami

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR

STATE OF MARYLAND

Leonard J Ruck Inc. Baltimore, Maryland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 7 7 5 1

	1-	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH	IENE 8 0	2	7 1	5	1
		CEASED NAME FIRST MARG	uro LTE	Yvonne	VID	ALI	20. DATE OF DEATH	11/22		9:4	
	3. SEX	X .	4. RACE		5. DATE (6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 2	AIN.
		Female	White		Jul		59	YRS.	DATS	1,00%	74/114.
	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWI	D NEVER MARRIED	BALT I MOR			-5,5	
1	10. CI	TOWS ON	11. NAME OF H	HOSPITAL, NURSIN HEACILITY, GIVE STREET 6701 N.	IG HOME (ADDRESS) CHA	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C Music Tea	ON OF WORKING LIFE)	126. KIND O	F BUSINES	MD.
1	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT Maryland Balt		GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimo.	N	13d INSIDE CITY LIMITS? YES NO.	13e. STREET ADDRESS 600 Over	brook 1	Rđ		
9	14. FA	THER'S NAME FIRST Peter	MIDDLE Vi	dali (AST		15 MOTHER'S MAIDEN NAM	WIDDLE	Gue	arino	T	
		No	VE WAR OR DATES)	166. SOCIAL SECU 219-18-	4367	17. INFORMANT Mr Edward S T	ADDRI Vidali 2 Ph	Park	ton, Mo		
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR (b) DUE TO, OR (c)	RAS A CONSEQUE PARAPLE RAS A CONSEQUE METASTA	GIC GIC ENCE OF	SECONDARY TO BREAST CANCE	ER	DITION GIVE	1 DA'	YEA	
1	CERTIFICATION	19a. DATE OF OPERATION				N WAS PERFORMED	200 AUTÓPSY?	20b. IF YES,	WERE FINDING CAUSES	IGS USED	
	MEDICAL CERT	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M R) P.M 21e PLACE C	w. Month da w.	19	21c. HOW INJURY OCCURR 211. LOCATION STREET		RY IN ITEM 18 PAR	COUNTY		ATE
		22a.1 certify that (1) (this hosp saw the depeased alive an above, (1) (we) (did) (did no 22b. SIGNAL (FEE)	ot) view bé body	2/ 12-19	10/ 80.	25/ 19 80 nd that in (my) (our) opinion d DECREE ATTENDING PHYSICIAN THE ADDRESS GBMC 670	MEDICAL STAI DIRECTOR PHYSIC	FF /	ond from the	SIGNED	
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 11/26/			EMETERY OR CREMATORY thedral	23d. LOCATION CITY OF TOWN Baltimor		COUNTY	51	ATE

New Cathedral

NOV 24

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL

OR ATTENDING PHYSICIAN: The low

retained by the haspital or attending physician.

THE CONTRACT OF THE STREET

IN AMERICAN DISCUSSION

STATE OF MARYLAND

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1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	7 7	5 2
	CEASED NAME FIRST	MIDDLE	ι	AST	2a. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
	PEARL		VO	LKIN	NOVEMBEI	R 10. 19	980	10:30 PM
3 SE	X 4	RACE	5 DATE C		& AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
Un.	FEMALE	WHITE	DEC		67	YRS.	THIS DATE	THOUSE MAIN
	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	NEW YORK	USA	WIDOWE		BALTIMO	ORE COU	VTY.	ME
10 C	ITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12e USUAL OCCUPATE		12h KIND O	F BUSINESS OR
OI	WINGS MILLS	26 DEERLODGE (PT. K	HOUSEWI	FE	AT HO	OME
13a 3	AL RESIDENCE (IF NURSING HOME OR OI STATE 136 COUNTY ARYLAND BALT(13c CITY OR TO	WN	YES NO XX	130 STREET ADDRESS 26 DEERLOI	OGE CT.	. APT	K #211
14. F/	ATHER'S NAME FRST HARRY	GOODMAN LAST		15 MOTHER'S MAIDEN NAV	WIDDLE		UNKNOWN	
	NAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (# YES, GIVE W NO			REISTERSTO	. RITA DÎAZ ^e WN, MD	21136		AK CT.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	cute	MI				MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the			ears				
	underlying cause lost							
NO	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1(c) 1
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFY IN YES	G CAUSES	
	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH [P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART I	OR PART 2)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE	FARM, ETC }	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
	22a I certify that (1) (this hospital saw the deceased alive on_			nd that in (my) (our) opinion				

22b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE OR PRINT)

GERALD OSTER

3635 OLD COURT 231 NAME OF CEMETERY OF CREMATORY CHIZUK AMUNO

22e ADDRESS

DEGREE

BALF PMORE

MEDICAL STAFF
DIRECTOR PHYSICIAN

MD 21208 COUNTY MARYLAND

224. DATE SIGNED 11/11/80

²³17/12/80 230 BURIAL, CREMATION, REMOVAL BURIAL 24 FUNERAL DIRECTOR INC.

above, (1) (we) (did) (did not) view the body after death

PHYSICIAN 2

25e. DATE REC'D. BY REGISTRAR 254

BP DHMH-16 25M (VRA 15, 4) 1/79

TO FUNERAL DIRECTOR: After this certificate has beer should be detached for use as the burial-transit permit. The with the State Dept, of Health and Mental Hygiene prior

MPORTANT: If Item 21

SOL LEVINSON & BROS., 6010 REISTERSTOWN RD BALTO

1980

STATE OF STA Physical Tables

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs offer death. Page 4 etained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 thous of with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
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4 may be

notified of once.

IMPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, or ather traumatic event, the medical exami

	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGI	IENE 8 0	2 o.	7 7	5 3
	1. DECEASED NAME FIRS (TYPE OR PRINT)		MIDDLE	l	AST	2a. DATE OF DEATH	MONTH DA	LY YEAR	26 HOUR
1	FF	RANK	G.	WAGN	ER	11/01/80			10:25
١	SEX	4 RACE		5. DATE C	0.44	6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	Male	Whit		Sep	t. 16, 1902	78	YRS		
-	7a. BIRTHPLACE (STATE OR FOREIGH		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	_		
	Maryland	U.S.		WIDOWE		BALTIMO			MD
,	10. CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESSI	OR OTHER INSTITUTION	12a USUAL OCCUPAT	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
6	BALTIMORE		r Balto		l. Center C	ffice Mar	nager	Conta	iners
1	Maryland Ba	altimore	13c. CITY OR TOWN	N	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 6920 Dona	chie	Road	
	14. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAS	ī
	Albert		Wagner		Ida			Yent	
	160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IFY)	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE		926	080
į	No -		262-09-	-2749	John A. Wag	gner 13181	. Dean		
	18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	ter anly ane cause per	line far (a), (b), and	d(c).)	00.0			BETWEEN	MATE INTERVAL
		EDIATE CAUSE (a)	6-1		creex			5.	Luis
	1579	DUE TO, O	R AS A CONSEQUE	NCE OF	/	414100		1-	
	Conditions, if any, which			u	paner	eas		-	may
1	cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF					
		(c)_							
		ant conditions <u>c</u>	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	V IN PART 110)1
	198. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYIN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USED
	E I					YES NOTE	IN CERTIFYI	ING CAUSES	OF DEATH?
1	210. ACCIDENT WAS UNDERLYIN			V V515	21c. HOW INJURY OCCURR		RY IN ITEM 18 PAR	T I OR PART 2)	
	OR CONTRIBUTING CAUSE (OF EITHER, NOTIFY MEDICAL EXA	OF DEATH	M. MONTH DA M.	Y YEAR					
ı	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR TO	wN	COUNTY	STATE
ł	AT WORK NOT WHILE		REET, FACTORY, OFFICE, FA		,				01776
	220.1 certify that XIX this	hospital) attended th	y deceased from	10/	20 19 80		, 19	80	tho XIX (we) lost
	saw the deceased aliv abave, W (we) (did) (d	ve an/	ofter death.	, ar	nd that in (our) opinion d	death accurred on the de	ate and haur o		
	226. SIGNATURE	7.	1		DEGREE			22c. DATE	SIGNED
	bank	Keth		M.	ATTENDING PHYSICIAN	MEDICAL STAT		- 11	11/80
	220 PHYSICIAN'S NAME (TYPE OR PRINT)	TTL	m.D.	22e. ADDRESS 6701 N. (CHARLES S	T. BAI	TO MI	D 21204
	23a. BURIAL, CREMATION, REMO		111	IAME OF C	EMETERY OR CREMATORY	123d LOCATION			
	Burial				ey Valley Me	CITY OR TOWN	1-1-0	COUNTY	Md.
	24. FUNERAL DIRECTOR		-		25n DATE	REC'D BY REGISTRAR	Balto.	CO.,	
	William E. J	ohnson 8	521 Took	Por	ren Blvd.Nn	v 3 1980	Pake	w Soul	Sand
	The second second	OTTITIO OTT O	JET TOCI	I IId	CELL DIAME MILL	A DISTOIL	-	700.00	And the same of

Johnson 8521 Loch Raven Blvd.

STATE OF MADVIAND

BP DHMH-16 30M 2/80 (VRA 15, 4)

CTOT W. CHARLES ST. BALTO MO SIZON

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Market Committee of the Committee of the

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njury, or other troumotic event, the

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22b. SIGNATURE

	1-	FOR STATE REGISTRAR		7.5	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2	7 7	5	4
1		EASED NAME	FIRST		MIDDLE	1	AST	2a. DATE OF DEATH	MONTH DA	Y YE AR	2b. HOUR	
1	TITPE	OR PRINT]	Ngan	C	ì	WAN		November 6	3, 1980)	1:45	om _M
)	3. SEX	Female		4 RACE Chines	se	5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2 HOURS	4 HRS MIN.
1	7a. BII	RTHPLACE (STATE C COUNTRY) China	OR FOREIGN	76. CITIZEN OF	na V	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o	_			MD.
1	10 CI	TY OR TOWN OF D	EATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A	DDRESS)	or other institution	12a. USUAL OCCUPATE (1YPE OF WORK FOR MOST O		12b. KIND O INDUSTRY		SOR
E	13a. S	AL RESIDENCE (IF NO TATE Aryland THER'S NAME FIRST	13b. CÔÛI Bal	OTHER INSTITUTION.	GIVE RESIDENCE BEFORE 134. CITY OR TOW! ESSEX	ADMISSION)	13d INSIDE CITY LIMITS? YES NO S 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS 42 Wiltshi	re Roa			
I		AK VAS DECEASED EVE ES, NO OR UNKNOWN) NO		MED FORCES? /E WAR OR DATES)	166 SOCIAL SECUE 220-68-1		Unk 17 INFORMANT Daug Mee Kuen, 42			Baltim	ore 2	2122
	NOI	Conditions, if or gove rise to i couse [a], sto underlying cou	MAS CAUSE IMMEDIA ny, which mmediate ting the use lost.	D BY: TE CAUSE (0) DUE TO, O (b) DUE TO, OI (c)	r as a conseque	rrest NCE OF NCE OF	Hemorrhage	inal disease or coni	DITION GIVEN		MATE INTERV	AL EATH
2	TIFIC	190. DATE OF OPER				OPERATIO	n was performed	20a AUTOPSY? YES □ NO★	IN CERTIFYI YES			1?
2	8	21a. ACCIDENT WAS L	INDERLYING	216. TIME O	FINJURY	V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	T 1 OR PART 2)		

190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 80 80 November and that in (Ky) (our) opinion death occurred on the date and hour and from the causes stated

should be detached for use as the burial-transit permit. Then please remove carbanappers. Pages 1 and 2 should be 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and MPORTANT: If Hem 21 is marked or Hem 18 shows etoined by the hospital BP.

or offending physicio

DHMH-16 30M 2/80 (VRA 15, 4)

Kenneth Rothbaum. M.D 230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE

224 PHYSICIAN'S NAME (TYPE OF PRINT)

23c. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery

22e. ADDRESS

DEGREE

ATTENDING PHYSICIAN

9000 Franklin

Woodlawn,

MEDICAL STAFF
DIRECTOR PHYSICIAN

Square Dr

PATEST / 6/80

24. FUNERAL DIRECTOR & MOWEN CO., 108 W. North Ave. 21201

11/10/80

250. DATE REC'D. BY REGISTRAR 256. VON

The continue of the continue o The first terms are sent to th ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO HOSPITAL Set ATTENDING PHYSICIAN retained by the hospital or attending physician.

10					E OF MARYLAND	100 200	O 1112	y year
10	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2/	1 5
		CEASED NAME FIRST	DOROTHY DIE M	ARIE WET	FZEL)	26 DATE OF DEATH		R 25 HOUR
	(TYPE	Doro	thy Wari	e Wei	tzel	Novembe	er 30,1980	12:30
M.	3 SE	FEMALE	4 RACE WHITE		of BIRTH 14, 1898 AR	6 AGE (IN YEARS LAST BIRT	MONTHS D	EAR IF UNDER 24 H
333		OUNTRY BALTIMORE, MD.	76 CITIZEN OF WHAT CO	DUNTRY?	D NEVER MARRIED D	Baltimore City o	R COUNTY OF DEATH	н
57		ROSSVILLE	FRANKLIN	SQUARE H		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSE WO	F WORKING LIFE) INDUST	D OF BUSINESS
35	136	AL RESIDENCE (IF NURSING HOME STATE MD . 136 COL		ENCE BEFORE ADMISSION OR TOWN LTIMORE	134. INSIDE CITY LIMITS? YES A NO	3215 FL	EET ST. #	21224.
300	14. F/	ATHER'S NAME FIRST MICHAE	L G. FLURY	LAST	15. MOTHER'S MAIDEN NA	RY C. BIH		LAST
oval.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	-01-8446B	WILLIAM G.	WEITZEL BA		T ST. # 21 PROXIMATE INTERVAL EEN ONSET AND DEA
12 2	1	The second of th	/					
rior to burial, cremati	ATION			ING TO DEATH BUT	T NOT RELATED TO THE TERM			
ene prior to burial, or shows any injury, or	TIFICATION	cause (a), stating the underlying cause last	(c)CONTRIBUT	ING TO DEATH BUT	T NOT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN PAR 200. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED
tel Hygiene prior to burial, or tem 18 shows any injury, or	CAL CERTIFICATION	cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MOI	ING TO DEATH BUT		206 AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED ISES OF DEATH?
ygiene prior to burial, or 18 shaws any injury, or	MEDICAL CERTIFICATION	COUSE 101. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE THUNG) WHILE NOT WHILE AT WORK	I 96 CONDITION FOI I 96 CONDITION FOI EATH R) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR	R WHICH OPERATION NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.)	216 HOW INJURY OCCURR	YES NO EX	20b. IF YES, WERE FININ CERTIFYING CAU YES RY IN ITEM 18, PART 1 OR PART VN COUNTY	NDINGS USED ISES OF DEATH?
Thealth and Mental Hygiene prior to burial, or 21 is marked or Item 18 shows any injury, or		COUSE 101. stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. F certify that th (this has saw the deceased alive a above, th (we) (that) (did to do dove, th) (we) (that) (did to dove)	I 96 CONDITION FOI I 96 CONDITION FOI EATH R) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR	R WHICH OPERATION NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.)	211 LOCATION STREET 219 80 and that in (my) (our) opinion of	YES NO ACTION OF INJURE OF	200. IF YES, WERE FININ CERTIFYING CAU YES AY IN ITEM 18, PART 1 OR PART YN COUNTY TO 30, 19,80 ate and hour and fram	NDINGS USED ISES OF DEATH? NO [] STATE , that (#) (we)! the couses stated
Thealth and Mental Hygiene prior to burial, or 21 is marked or Item 18 shows any injury, or		Cause 10: stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE TWORK NOT WHILE AT WORK NOT WHILE Saw the deceased alive or above, H (we) (Hard) (did in 22b). SIGNATURE	IPB CONDITIONS CONTRIBUTE 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MORE P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTOR OF NOVEMBER 30 NOVE	R WHICH OPERATION NTH DAY YEAR 19 Y RY, OFFICE, FARM, ETC.) od from NOVEY 119 0, oth.	211 LOCATION STREET 29, 19, 80 nd that in (may) (our) opinion of the physician (Physician (Control of the physician (Contr	YES NO ACTION OF INJURE OF	206. IF YES, WERE FINING CAU YES TYINITEM 18, PART 1 OR PART VN COUNTY TO 30, 19,80 ate and hour and from	STATE _, that (f) (we) the causes stated ATE SIGNED
aalth and Mental Hygiene prior to burial, or is marked or Item 18 shows any injury, or	MEDICAL	Cause 10: stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE TWORK NOT WHILE AT WORK NOT WHILE Saw the deceased alive or above, H (we) (Hard) (did in 22b). SIGNATURE	I CONDITIONS CONTRIBUTE I 196 CONDITION FOR I 196 CONDITION FOR I 196 CONDITION FOR I 196 CONDITION FOR P.M. I 196 PLACE OF INJURY (AT HOME, STREET, FACTOR NOVEMber 30 OF Rothbaum, M	NTH DAY YEAR Y RY, OFFICE, FARM, ETC.) and from NOVEY 19 10 10 10 10 10 10 10 10 10	21c HOW INJURY OCCURRED 211 LOCATION STREET 29, 19 80 nd that in (my) (our) opinion of DEGREE ATTENDING	Z80 AUTOPSY? YES NO X RED (ENTER NATURE OF INJUR CITY OR TOW , to November death occurred on the do MEDICAL STAF DIRECTOR PHYSIC	200. IF YES, WERE FININ CERTIFYING CAU YES TO THE TEN	NDINGS USED ISES OF DEATH? NO [] STATE , that (#) (we) I the causes stated ATE SIGNED Vember 3 19

= 1 - 1 EUR THE ALM AND THE METERS ASSURED TO MAKE I 3215 Flata 51, v 21220. A contribute Since 15 Yang THE .. O GARDIN DEST & TO THAT STOP - M. C. INA TELLEM OF MITTER SON - FEEL -----

12-3-89. Sacrus garatt Caranar Teol Garant and In., 14, 90.789

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		1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2	7 1	5 6
1	800		CEASED NAME FIRST	MIDD	LE	U	AST		MONTH O	AY YEAR	26 HOUR
B.//1-3	300	(TYPE	OR PRINT)	LRY T		1,)	FILS		11 1	3 80	8 a
Ban.		3. SE:	(4. RACE		5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
1			MALE	CAUCAS	SIAN	нтиом	08 1886	Oli		ONTHS DAYS	HOURS MIN.
Pag dire		70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8.		9 BALTIMORE CITY O	YRS.	OF DEATH	
oth.	2	C	OUNTRY)			MARRIED		D. # ####	~~~	*>======	
		_	ARYLAND TY OR TOWN OF DEATH	USA 11. NAME OF HOS	PITAL NURSIN	WIDOWE	D IVORCED DIVORCED	RAT, TTMORE		126 KIND O	F BUSINESS OF
ofter d w	200				CILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF		INDUSTRY	
hours off in by the be filed	oe de		SEDALE AL RESIDENCE (IF NURSING HOME OF	1926 BE	RESIDENCE BEFORE	AOMISSION	21237	BRICKLAY	ER	LCONS	TRUCT.
d b	ST CEST	13a S	TATE 136 COUN		CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
ly fill	E 277	MA	RYLAND BAL	TIMORE	ROSEDAU	LE	YES NO ST		DGE /	VII.	
£ 56 .	ē	14. FA	THER'S NAME FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST	
÷ 0	30		FRANK		WELLS		NEILE				
and c	medico		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 E WAR OR DATES)	SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	55		
Pool	E I	U	NKNOWN	2	1810/18	3.31	LILLIAN MA	UPER 7926	BRII		F
sicro	, the		18 CAUSE OF DEATH (Enter on	ly one couse per line	for (a), (b), and	dien				BETWEEN C	MATE INTERVAL
phy on po	ven	85	PART I. DEATH WAS CAUSE	TE CAUSE (0)	15CV						
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feath then ve c	n n		Conditions, if ony, which	(b)	7 7 601 32 9 31						
he o emo	r tro		gove rise to immediate couse (a), stating the	DUE TO OP A	A CONSEQUE	NCE OF	to the state of th		X.	115-62	671,318
by the by	or athe		underlying couse lost.	DOE TO, OR A.	A CONSCOOL	INCE OF					
			PART 2 OTHER SIGNIFICANT (CONDITIONS CONT	RIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONT	ITION GIVE	N IN PART 1(c	1
5 - E +	ınlury,	NO	Chronic	Lympho	cutic		ukemia				
beer mit.	any	CERTIFICATION	19a DATE OF OPERATION	IN CONDITIO	N FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
hos per per	Sw.	TIFIC	(-)			(-)		YES NO	YES	ING CAUSES	NO
N. Th	8 /	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN			21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PA	RT 1 OR PART 2)	
	1 gen		OR CONTRIBUTING CAUSE OF DEA		MONTH DA	YEAR	N. C. S. Etc.				
ding ding is ce burii	o #	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY		211 LOCATION				
		¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE
or of Afre	morked		22a I certify that (I) (this haspi	tal\ attended the d	aceased from	DEC.	13. 1079	NOV.	1.	0 79	that (I) (we) lo
tol tol	2		saw the deceased alive an	NOV. II	1 10 8	0 , or	d that in (my) (our) opinion	death occurred on the do	te and hour	and from the	
AT AT OSP	Hem 2		obove (I) (we) (did) (did no	view the body ofte	er death.		DEGREE			22c DATE	
0 9 0 0 1	± =	100	Wall alla	4.	NN)		ATTENDING	MEDICAL STAF			3-80
PITAL by th ERAL ee detc State	<u> </u>		22 L THYSICIAN'S NAME (TYPE O	1	101/		PHYSICIAN L	DIRECTOR PHYSIC			, , ,
HOSPITAL ined by th FUNERAL buld be det th the State	RIA		- 1 DA (- (i 1/ h//	ANI Y	10.	2552 0	HILARD.	Pn	ALTU.	2123
TO HOSP etained TO FUNI should b	MPORTANT:		1.0.1401	-1NAU	14141	0/0	0112		1		
E E - W > .		23a. l	BURIAL, CREMATION, REMOVAL SPECIFY)			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
O BP	- 119		BURTAT.	11/17/	80 GA	ARDEN	S OF FAITH	BALTO.		ALTO.	MD.
DHMH - 16 50M 7/77	7	24. F	UNERAL DIRECTOR	0	ADDRESS)		25a. DAT	E REC'D. BY REGISTRAR	ISB. REGISTR	RAR'S SIGNATI	IRE
(VR A 15 (4))			1 wan	- 10	211 Ch	e socie	offer NO	V 1 7 1980		Jan 1 160	recery

STATE OF MARYLAND



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DATE AND ROLL BUILDING CONTROL OF

8	1-	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. NO.	21151
		TEASED NAME FIRST WELL	MADDIE E,	WEL	SH SR.	2e DATE OF DEATH MONTH	-5-8 25. HOUR 3. AM
3	3. SE)		4 RACE	5. DATE	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
once		Male	White	Aug.	11 1892	88 _{YR}	
100	CC	RTHPLACE (STATE OR FOREIGN AUNTRY)	THE U.S.A.	MARRI	ED NEVER MARRIED	Baltimore Con Baltimore Con	and the
e de la companya de l	IO-CI	altimore	11. NAME OF HOSPITAL, N	STREET ADDRESS)		12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12h. KIND OF BUSINESS OR
	13a S	TATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE PUNTY 136. CITY OR TIMOET		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 7707 Hillsway	Ave, 21234
) <u>e</u> 30		ther's name first known	Welsh		15 MOTHER'S MAIDEN NAME FIRST	WIDDLE	Unknown
the me		(AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	SECURITY NO. 5-7925	William E. We	ADDRESS	as X #13e
ent, t			only one couse per line for (o), (WIIIIam E. We	ersn, Jr. Same	APPROXIMATE INTERVAL
ury, or other		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	sons	OBSTRUCTU		INF
ny tnju	NO	PART 2 OTHER SIGNIFICAN ARTOR COSC				INAL DISEASE OR CONDITION	GIVEN IN PART I(a)
3 shows a	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W			20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
or Item 13	-	214 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2}
marked	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC }	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
em 21 is		saw the decepsed alive	spital) prended the deceased for not) view the body ofter death.	(1)	and that in (my) (our) opinion of	death occurred an the date and	hour and from the couses stated
NT: If It		22b. SIGNATURE	ran 3		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1221. DATE SIGNED
with the St		DRIANDO	B. COKAKAA	(Red	22. ADDRESS BC64 F	ANDALISTON	Ml. 21133
3 4	23a. B	URIAL, CREMATION, REMOV Burial	23b DATE 11-8-80	Morals	cemetery or crematory and Mem. Park	Parkville	COUNTY Maryland
1-16 25M 15, 4) 1/79	24 FU Ru	NERAL DIRECTOR ICK Towson Fun	eral Home, Inc	1050 St. Towson	York Rd. 1250 DATE 1, Md 21204 NO	e rec'd. by registrar 25b. REC V 7 1980	STRAN'S SIGNATURE

STATE OF MARYLAND

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DIVISIO	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The Iretained by the haspital or attending physician.	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 tretained by the haspital or attending physician.
O FUNERAL DIRECTOR: After this hould be detached for use as the built he State Dept. of Health and A	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director; should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygene prior to burial, cremation, ar removal.
MPORTANT: If them 21 is marked a	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examine must be notified on other

	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND LEALTH AND MEN ICATE OF DEA	ITAL HYGI	ENE 8	O REG. N	0.	2 7	7	5 8
В		CEASED NAME OR PRINT)	Mae		MIDDLE		Nest		2a. DATE OF	DEATH	MONTH 11	20	YEAR 80	26. HOUR 4:15A
	3 SE	Female		Cavca	sian	5. DATE O	OF BIRTH	YEAR / 891	6. AGE (INY		YRS	MONTH	DER 1 YEAR 5 DAYS	IF UNDER 24 HRS HOURS MIN.
5		COUNTRY)	ON FOREIGN	b. CITIZEN OF	S. A.	MARRIE	D NEVER MAR	RIED -	Baltimo Balti				EATH	MC
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/		VAS DECEASED EV YES, NO OR BUKNOWN)		MED FORCES? WAR OR DATES]	166. SOCIAL S	1-6931	Evelunt), Sei	nett	ADDRI	ESS Pell	Balam	Wood	Rd 2123
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2	CERTIFICATION	19a. DATE OF OPE	RATION	196. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORM	ED	20a AUTO	PSY?	IN CER	TIFYING	CAUSES	IGS USED OF DEATH?
9		210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY M	CAUSE OF DEAT	n l	OF INJURY .M. MONTH .M.	DAY YEAR	21c HOW INJUR	Y OCCURR					PART 2)	
	MEDICAL	21d. INJURY OCCI	WHILE WORK	21e. PLACE (AT HOME, ST	OF INJURY TREET, FACTORY, OFF	ICE, FARM ETC)	211. LOCATION STREET			CITY OR TO	WN	C	OUNTY	STATE
		22a. I certify that sow the dece above, (I) (we	(I) (this hospite cosed alive an e) (did) (did not	11/20	1	00	nd that in (my) (au	19 <u>80</u> r) opinion d	, 10	1/20 d on the d	ote and h	, 19 <u>8</u> our and		that (I) (we) last causes stated
	4	22b, SIGNATURE	Dyal -	Dotti	h		DEGREE ATTE PHY:	NDING SICIAN	MEDICAL	STA			11/2	SIGNED
1		22d PHYSICIAN'S Dr. K	NAME (TYPE OR				22e ADDRESS 6701 N				21204			
4	(BURIAL, CREMATIO SPECIFY BUY	N, REMOVAL	23b. DATE	23/80 ADDRE	Bowe	M.J.	MATORY	23d. LOCA CITY OV 2 S		25h R		NIY JONAT	Md

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STATE OF MARYLAND	-755		0
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	U	2
CERTIFICATE OF DEATH		REG. NO.	
		NCO. IVO.	

- STATE REGISTRAR L DECEASED NAME MIDDLE LAST 2n DATE OF DEATH MONTH 7b. HOUR LTYPE OR PRINTS November 13, 1980 12:50 WEST Marie 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH 1895 Female Caucasian June Je BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Maryland USA WIDOWED X 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Franklin Square Hospital Type of wark for most of working life;
Bookbinder Printing Co. Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 9103 Kilbride Rd.,21236 13c. CITY OR TOWN Maryland NO 🔯 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Annie Sullivan Tuchy James 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES Lillian K. Brown, dghtr., same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: Cardio-respiratory Arrest IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Gastrointestinal Bleeding; Dehydration Canditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION Age 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL NO [71a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) MONTH DAY HOUR A.M. YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE NOT WHILE 80 220.1 certify that X (this haspital) attended the deceased fram November sow the deceased alive an November 13 80 and that in the (aur) opinion death accurred an the date and have and from the causes stated above, W (we) (did) (100 cm) view the body after death DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF 11-13-80 DIRECTOR PHYSICIAN 77d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS 9000 Franklin Square Drive Raul Masvidal M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL

DHMH-16 30M 2/80

Burial 24 FUNERAL DIRECTOR ek Funeral (VRA 15, 4) Home. Inc

FOR

Most Holv Redeemer

Baltimore 3321 Brehms Lane 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAFFIRE

COUNTY

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours af-TO HOSPITAL OR ATTENDING PHYSICIAN retained by the hospital or attending physician.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after with the State Oept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the mer

notified at o

STATE OF MARYLAND

RAR		DETARTS	CERTIFICATE			O.			
NAME FIRST		MIDDLE	LAST		28. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
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E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	i m		9 BALTIMORE CITY O		OF DEATH		
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	11. NAME OF	HOSPITAL NURSIN						F BUSINESS	OR
2 = (1)	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST C	F WORKING LIF	EI INDUSTRY		
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13b CO				IDE CITY LIMITS?	13. STREET ADDRESS				
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	only one cours on	line for (a) this and					APPROXI	MATE INTERVAL	TM
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should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar oth

TO FUNERAL DIRECTOR: After this certificate has been ATTENDING

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CEKITIF	ICATE OF DE	AIM	REG. N	0			,
3		EASED NAME	FIRST	٨	AIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
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1	3. SEX			4 RACE		5 DATE C		YEAR	6 AGE (IN YEARS LAST BIRT	HDAY)	IF U	NDER I YEAR	IF UNDER 24 HRS
		Male		Whi	te	Jan		26	54	YRS			HOURS MEN
0	7a BIRTHPLACE (STATE OR FOREIGN 7b CIT			MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH						
1	Ne	lew Jersey USA WIDOWED □ DIVORCED □ Baltimore Coun											
,	10 C1	TY OR TOWN OF	DEATH	LISMOT IN SUC	HOSPITAL, NURSIN	ADDRESS)			12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING		INDUSTRY	OF BUSINESS OR
2		Towson			Baltimo		dical Ce	enter	Executiv	е		Adve	ertising
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	14 FA	THER'S NAME		WIDDLE	LAST		15 MOTHER'S		MIDDLE			Lea S	ST .
		Frank		I.	Wheeler		1	Anna	Lou	ise		C	rosland
		(yes, no or unknown) (if yes, give war or da						ADDRESS					
		Yes		V II			1461 Mrs. Irene		e D. Wheeler			Same	
		18 CAUSE OF DE	EATH (Enter or	D DV	line for (a), (b), and						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Encephalopathy											
		57/2 DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if ony, which (b) Liver failure							\rightarrow				
		couse to stating the DUE TO, OR AS A CONSEQUENCE OF											
		(c) Liver Cirriosis (alcoholic)											
	z	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								SIVEN	IN PART 16	0	
-	ATIC	19g DATE OF OPERATION 19b COND		ITION FOR WHICH OPERATION WAS PERFORMED						WERE FINDINGS USED ING CAUSES OF DEATH?			
	IFIC												
	CERT	HOUR AM MONTH DAY VEAR						URY OCCURR	RED (ENTER NATURE OF INJUI				
	AL C												
	MEDICAL	21d INJURY OCC		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			21f LOCATION	7	CITY OR TOV	A/h.l		COUNTY	STATE
	٤	AT WORK A	T WORK	(AT HOME, STR	EET, FACTORY, OFFICE, F.	ARM, ETC.)	SIRECT		CHIOKIOV	***		2001411	SIMIE
		22a I certify that	t (I) (this hosp		e deceosed from_	10	/16	, 19 <u>80</u>			, 19_	80	that (I) (we) lost
		sow the deceased alive on 11/2 19_80 , and that in (my) (our) opinion death accurred on the date and hour on above. (I) (we) (did) (did not) view the body after death									ouron	d from the	couses stated
		226. SIGNATURE	VL	2 M.	11.		DEGREE	TENIDINIO	MEDICAL STATE			22c. DATE	
			NO	nestry	en			TENDING TYSICIAN	MEDICAL STAI DIRECTOR PHYSIC			1	1-3-80
		22d. PHYSICIAN'S	1		. W D		27e. ADDRESS		1 - 0 - 7			m 0	100/
				eiteneck	er, M.D.			N. Cha	arles St. To	owsor	1, [עני 2.	1204
	22- 0	LIDIAL CREAMATIC	DE MONTAL	1231 DATE	1 22, N	LAME OF C	EASETERY OR CI	DEALATORY	224 LOCATION				

DHMH - 16 50M 1/76 (VR A 15 (4))

4905 York Road

21212

CITY OF TOWN Towsen Maryland

(SPECIFY)

Burial 11/6/80 F W. Jenkins Prospect Hill & Sons Co. Henry

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256. RECISTRAR'S SIGNATURE

L). L). E:id Elsivi VE YEL VEY ni.itnov no no no e de la contraction d I. hall Oui Orolan Y II 1 To 121 . Lens . Moselen ruly recommendation of the line to the contract of the contrac

10. York 691 10. 1111

death. Page 4 may be

executed within 24 haurs after

	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 8 0		7 /	6 2
		E OR PRINT)	RST	MIDDLE	Ü	AST		2a. DATE OF DEATH		AY YEAR	2b HOUR
	Ĺ		ARL	S.		WHITE			11/1/80 6:1		
	3 SE	X Male	4 RACE Whit	е	5. DATE O	F BIRTH	19	6 AGE (IN YEARS LAST		IF UNDER I YEAR	HOURS MIN.
35		IRTHPLACE (STATE OR FOREK COUNTRY) Md.	U.S.		WIDOWE	D D	MARRIED X	9 BALTIMORE CITY		OF DEATH	MD.
6		TOWSON	GBMC-	HOSPITAL, NURS	N. CHA			Type OF WORK FOR MOS Laborer		INDUSTRY	of Business or Je Remova
35	130.5	AL RESIDENCE (IF NURSING P STATE Md.	OUNTY	130. CITY OR TO Westmin	WN I	13d INSIDE (NO [13e. STREET ADDRES	rty St.		
00	14. FA	ATHER'S NAME FIRST	WIDDIE	LAST		15. MOTHER	S MAIDEN NA/	WE		. LA	51
2		WAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166. SOCIAL SEC 215-34-		17. INFORM	TIM	ADD	RESS		This
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). PNE UMOCYSTIS CARINII									ONTH
		Conditions, if ony, wh gove rise to immedicause (a), stating underlying cause to PART 2 OTHER SIGNIFIC	ote the DUE TO, C	OR AS A CONSEQUENCE ON TRIBUTING TO	UENCE OF				ONDITION GIVE	3 MO	
9	CERTIFICATION	190 DATE OF OPERATION	I% COND	ITION FOR WHIC	H OPERATION	WAS PERFO	PAMED	78a AUTOPSY?	20h IF YES, IN CERTIFY YES	WERE FINDS	NGS USED OF DEATH?
9	ICAL CER	71s ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EL	OF DEATH HOUR A	OF INJURY .M. MONTH I	DAY YEAR	SIE HOW IN	JURY OCCUR	ED (SMISH MATURE OF M	JURY PHIEM IS PA	#T 08 F481 25	
,	MEDIC	THE INJURY OCCURRED NOT WHEE AT WORK	LAT HETHAR ST	OF INJURY	11.40.40.40	211 LOCATE		C/71/04	TOWN	COUNTY	STATE
		220.1 certify that (I) (this saw the decrased all above, ([Light] (did))	hospital) attended the sen NOV did not) view the body	ne deceased from	/	d that in (my	198((aur) opinion o	to NOV ,	date and hour	and from the	
		274 SKOPSATURE	1)26	who	1	71.3	A CONTRACTOR OF THE PARTY OF TH	MEDICAL 51	AFF SICIAN (C)	The DATE	PO
1		RM D	EG-STRO			GBMC		1 N. CHA	RLES S	I.	
		BURIAL, CREMATION, REM (SPECIFY) Removal	OVAL 236. DATE	-f0 130	NAME OF CE			23d. LOCATION CITY OR TOWN		COUNTY	STATE

Balto., Md.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE 0 1980 Find Frag Stell

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
Anatomy Board

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

MPORTANT: If hem 21 is marked or Hem 18 shows any injury, ar other troumatic event, the medical examiner, must be fourfied

should be detached for use as the buriot-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removol.

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	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLANI HEALTH AND MEI FICATE OF DEA	NTAL HYG	IENE 8	0	2	7 /	6 3
		EASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF D	REG. NO.	TH DAY	YEAR	26 HOUR
	TITPE	OR PRINT)	ORRES	ST	Lee	WH	ITTLE			11	07	80	6:00Pm
_	3.SEX			4 RACE		S. DATE		YE AR	6 AGE (IN YEAR	RS LAST BIRTHDAY	1 IF U	HS DAYS	IF UNDER 24 HRS HOURS MIN.
M	-	ale		Whit	е	03	31	1903	77		YRS.		
		RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MAI	RRIED 🗆	9 BALTIMORE				
دکق		aryland		USA		WIDOW		RCED 🏝		EMORE			MD.
56	To	wson ()	-		HOSPITAL, NURSIN CH FACILITY, GIVE STREET N. CHAR			лопт]	120 USUAL OC (TYPE OF WORK FO Load Ma	OR MOST OF WOR	RKING LIFE) 1	NDUSTRY	imore:
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mine	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S M			MIDDLE		LAS	
ox /		George		W.	Whit		Ma	ry					ham
2		(AS DECEASED EVE ES, NO OR UNKNOWN) Yes			166 SOCIAL SECU		Forres		Whitt	ADDRESS	30 F1	reela	nd Roa
or ather traumatic eve		Conditions, if on gove rise to in couse (a), statutunderlying cous	y, which nmediate ring the se last.	(b)	R AS A CONSEQUE POS R AS A CONSEQUE C 0	ENCE OF P.D.	EDING EPTIC U						
jury.	Z	PART 2. OTHER SIC	SNIFICANT (_	ARCINOMA		LUNG	THE TERM	INAL DISEASE C	OR CONDITIC	n Given i	N PART 1(31
ows any	CERTIFICATION	19a DATE OF OPER	ATION		ITION FOR WHICH			NED	200 AUTOPS		LIF YES, WI		IGS USED OF DEATH?
18 sh		210. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DE			AY YEAR	21c. HOW INJUI	RY OCCUR	RED (ENTER NATUE	RE OF INJURY IN I	TEM 18 PART 1	OR PART 2)	
urked of	MEDICAL	21d. INJURY OCCU	VHILE		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	0.0		CITY OR TOWN	-	COUNTY	STATE
21 is mo		sow the decea	sed alive an			80 .	11/02 nd that in (my) (au	r) opinion	, 10	on the date o	nd hour on	d from the	that (1) (we) last causes stated
NT: # Hem		226. SIGNATURE	ial -	Jothin			PHY	ENDING YSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN		11/	07/80
MPORTANT		DR. K		AL-DOT	ΓIN	.,	GREATE	R BA	LTIMOR	E MED	ICAL	CEN	TER

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR Lassahn Funeral Home

23@ BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

11/10/80

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park

23d LOCATION
CITY OR TOWN
Parkville

Baltimore Md.

250. DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE

7401 Belair Road

SATTING TO THE HOLE The Mark III of the State of th Figure Files of the transfer of the control of the ere de la company THE RESERVE OF THE RESERVE OF THE STREET, SHOWING THE STREET

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

FOR - STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	
ECEASED NAME	FIRST	MIDGLE	LAST	2a D

ठ	0	2	7	7	6	4
	DEC NO					

	REGISTRAR			CEKTIF	ICATE OF DEATH	REG. 1	NO.		
	1. DECEASED NAME	FIRST	WIDGLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOU
116	(FIFE ORPRINT)	Willia	m A.	Whi	Ltworth	November	1, 1980		11
1	3. SEX		RACE	5 DATE O	OF BIRTH	6 AGE (IN YEARS LAST B	IRTHDAY) IF	FUNDER 1 YEAR	IF UNDER
1)	Male		White	Mar		81	YRS	ONTHS DAYS	HOURS
1	7.0. BIRTHPLACE ISTAT	TE OR FOREIGN 7b	CITIZEN OF WHAT C	OUNITRY2 19		9 BALTIMORE CITY		OF DEATH	
\$3	Marylan	d	USA	WIDOW	D NEVER MARRIED	Raltim	ore Cou	ntv	
P	10 CITY OR TOWN O			L, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126 KIND OF	F BUSINE
部队	Towson		(IF NOT IN SUCH FACILITY,	h's Hospit	- a 1	(TYPE OF WORK FOR MOST Clerk	OF WORKING LIFE)	Shipp	oing
pe -	USUAL RESIDENCE		HER INSTITUTION GIVE RESID	DENCE BEFORE ADMISSION)					
15 Egg	Maryland	191 COUNTY		timore	134 INSIDE CITY LIMITS? YES ▼ NO □	130 STREET ADDRESS		nn Pa	nkw
ner	14. FATHER'S NAME			icirror e	15. MOTHER'S MAIDEN NA		1401 016		
500	Willian	∩ MIC	Ä. V	√hitworth	Lillian	WIDDLE		Ash	
ico C	160 WAS DECEASED			CIAL SECURITY NO.	17 INFORMANT	ADD	RESS Luth	nervill	
med.	(YES, NO OR UNKNOW	(IF YES, GIVE W		01 7513	John H. D	Dauplaise	Mar	yland	
‡ e		DEATH (Enter only	ane cause per line far (4			APPROXIM BETWEEN O	MATE INTER
'ent'	PART I. DEA	TH WAS CAUSED I	BY:	enute.	CLA			ML	m
e o	1100	IMMEDIATE	CAUSE (d)						
a a	707	product .	DUE TO, OR ASA	ONSEQUENCE OF	1500	10 D		110	ne
trou	Conditions, if		(b)	we we	1 7	6		PV	-
je je	cause (a), underlying	stating the	DUE TO, OR AS A C	ONSEQUENCE OF				0	
a	onderrying	coose last.	(c)						
, y	PART 2 OTHER	SECIVIFICANT CO		TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 11a	1
<u> </u>	190 DATE OF O	yme	wain	na					
s on	Y 190 DATE OF O	PERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING ING CAUSES (
No.	# 1		1			YES NOX	YES		NO [
899	21a. ACCIDENT W		21b. TIME OF INJURY	Y ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	IURY IN ITEM 18, PAR	T 1 OR PART 2)	
E	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	P.M.	19					
ra .	(IF EITHER, NOTIFY 21d. INJURY OC		21e PLACE OF INJU	RY	211 LOCATION	C121 OP 14	Dian.	COUNTY	
ked	WHILE AT WORK	NOT WHILE	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.)	SIREET	CITY OR TO	JWN	COUNTY	STA
a i			attended the deceas	sed from Sent	tember 26, 80	, to Novemb	er 1. 10	80 .	hat (% (w
2.5	saw the de	eceased alive an	November 1	19 80 g	nd that in (my) (aur) apinian	death accurred on the	date and haur o	and from the c	auses sta
m _e	22b. SIGNATUR	we) (did) (did not) v	view the bady after de	UTTI.	DEGREE			22c. DATE S	
±	111	-	1. 7	01 .	ATTENDING .	MEDICAL ST.	AFF		1-80
±	470	20-10	Y 10	one"	PHYSICIAN E	DIRECTOR PHYS	ICIAN 🗌		
IMPORTANT: If Item	22d/PHYSICIAN	S NAME (TYPE OR PE	RINT)	(TD-11	22e. ADDRESS				
POI	GV,	ACIN	Y. VA	1100	2926 Col	d Spring L	ane Bal	to., Me	d. 2.
≥	23a. BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OHATY	574
	Burial		11/5/80	Dulane	ey Valley	Balte.	County	· · · · · · · · · · · · · · · · · · ·	A A
6		PHenry	W. Jenkin	s & Sens	CO 250. DAT	E REC'D. BY REGISTRA		AR'S MICH	DRE
'	4905 Yor	k Road	Balto.,	Md. 212	15 NU	3 1980	The said	A MAGO	money
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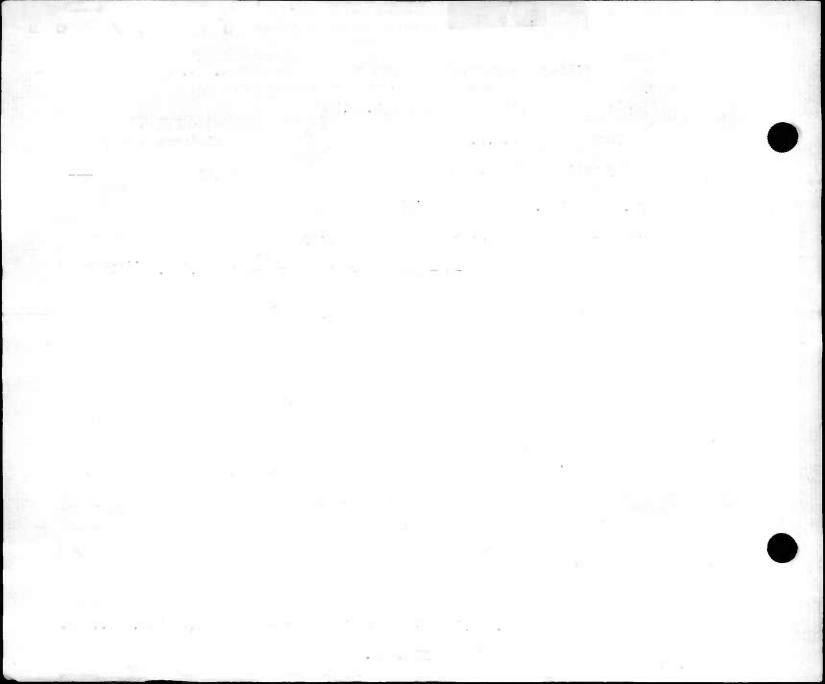
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11 t 1 7 17 John .. Juni .

il 11€. Ccuny H en Co.

LUE YOU BE LID.

	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	2 7	7 6 5
noy be poge 3	I. DE	CEASED NAME FRST	an Margaret	Whye	AST	Nov. 24		AR 2b. HOUR 9 10 M
ertr. po	3. SE)	Female	Black	S DATE C	of BIRTH 0. 9,1900 YEAR	& AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
W)BE	CC	RTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	WIDOWE			nore Count	MD.
by the filed will		TY OR TOWN OF DEATH Cockeysville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET GARSTON C	Durt	DR OTHER INSTITUTION	IZE USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	ION DE WORKING LIFE) INDUS DE	ND OF BUSINESS OR STRY
filled in hauld be	13a. S	Md. Bal	or other institution, give residence before unity 134. City or tow Cockeysy:	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🌃	13. STREET ADDRESS 4 Garston	Court	
ompletely and 2 sh		THER'S NAME Victory	Jackson Jackson		IS MOTHER'S MAIDEN NAM	Susar		
be executed on and comp. Pages I an		VAS DECEASED EVER IN U.S. (IF YES, (ARMED FORCES? 166 SOCIAL SECU 212-32-1	711 NO.	17 INFORMANT Lenora Berry	4745 Ivanile Baltimore,		
Thircate I physicic on papers emaval. event, the			only one couse per line for (a), (b), on SED BY IATE CAUSE (a)	IOR	NARY HEAR	T DISEA	SE BETY	PROXIMATE INTERVAL MEEN ONSET AND DEATH 20 4RS
requires that the death certificate be en signed by the attending physician. Then please remove carbon papers. Part burial, cremation, or removal. I rinjury, or other traumatic event, the manages.		Conditions, if any, which gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE	ENCE OF	/			10 4RS.
low sample of sa	CERTIFICATION		T CONDITIONS CONTRIBUTING TO I			INAL DISEASE OR CON	DITION GIVEN IN PAI	NDINGS USED
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ITAL SATTEN by the hospital sat DIRECTOR detached for us tote Dept of Hem 21 is			Replu-	80. on	d that in(my) our) opinion of the period of	death occurred on the di	ne t	7, tha (i) we) lost in the couses stated DATE SIGNED
TO HOSPITA retained by TO FUNERAl should be de with the Stot	23a B	MARKS	. KAPINN M.	LAME OF C	16918	YORK K		VETON ZI
BP		URIAL CREMATION REMOV BECHY) Burial UNERAYDIRECTOR	2 20	ien Cl	napel Cemetery	Monkton, REC'D. BY REGISTRAR	Balto. Co	., Md. STATE
DHMH-16 20M (VRA 15, 4) 7/78		Hy. Ell	and Owings Mil	ls, M	d. 0	Er8 1980		



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEA EXCUTE THE CERTIFICATE, WRITING THE WORD "PENDING". IN PERCIL IN ITEM 18. GIVE PAGES 1. 2, AND 31O THE FUNERAL DIRECTOP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR VOR FILL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUGAL. PRANTIS PREMIT. PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOURD PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOURD PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOURD PAGES I AND 2 SHOULD BE FILED. WITHIN 72 HOURD PAGES I AND 2 SHOULD BE FILED. WITHIN 72 HOURD PAGES I AND 2 SHOULD BE FILED. WITHIN 72 HOURD PAGES I AND 2 SHOULD BE FILED. WITHIN 72 HOURD PAGES I AND 2 SHOULD BE FILED. WITHIN 10 PAGES I AND 2 SHOULD BE FILED.
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	11		FOR STATE			PARTMENT C	F HEALTH	AARYLAND I AND MENTA CERTIFICATE		TU	2	7 7	6 6
	7	I. DE	REGISTRAR CEASED NAME	FIRST		MIDDLE		LAST		O DATE KNO	REG. NO.	H DAY YE	EAR 2h HOUR
	и ю		E OR PRINT)	ro1		Jean		Lliams	ľ	OF ES	TI-	14 19 8	
	A CLES AS A CLES	3. SEX		5. DATE O		6. AGE (DER 24 HRS.	C DATE	MÔNTH		/EAR 2d. HOUR
13	N STERMEN	For	male Whit	MONTH	DAY	L950 30	THDAY) MONTE	S DAYS HOURS		RONOUNCED	11	14 198	3:15
-	STON	70. B	RTHPLACE (STATE OR			T COUNTRY?	YRS.	- 57			CITY OR COU		
	SE S		reign country) Lryland		U.S.	Δ	WIDOW	ED NEVER MA	RRIED	Baltim	ore Cou	ntv	140
	N = 3 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2	10. C	TY OR TOWN OF DEATH		OF HOSPI	TAL, NURSING HO	OME, OR OTH		12o. USU	AL OCCUPATION	ON TYPE OF WORL		F BUSINESS
	A P E S C	1 1	Dunda1k			Highway		stwood		OST OF WORKING		ORIND	USIRY
-	H. IIF AND BELGS ARY, PLASS. 1, 2, AND 31 OTHE FUNERALD (BCCTOR. 1, AND 1,	USUA 13a S	L RESIDENCE (IF IN NURSIN	G HOME OR OTHER INSTIT	TUTION, GIVE	RESIDENCE BEFORE ADM	AISSION)	13d INSIDE CITY LIMITS		ET ADDRESS			
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WD	A 3. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	14. E/	ATHER'S NAME	MIDDLE		LAST		15. MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
BE,	SEAN PARTY		Carl			Newman		Jean				Trenun	
IMO	FORM PM.	16a. V	VAS DECEASED EVER IN ES, NO, OR UNKNOWN) (IF	J.S. ARMED FORCE YES, GIVE WAR OR DATES		16b. SOCIAL SECU		17 INFORMANT			M&labi		
SALT	IRS AFIER DEATH. IF 8. GIVE PAGES 1, 2, WITH FORM PM 3. 7. PAGES 1 AND 2 SI DIVISION OFWITH	No				218-56	-2089	Earl L.	. Will	iams	- Balt	o. MD	21222
T			18 CAUSE OF DEATH (I PART I DEATH WAS	inter only one couse			To describe				1/4		MATE INTERVAL ONSET AND DEATH
NO	V 24 HOUR N ITEM 18. ALONG W IT PERMIT. YGIENE, D			MEDIATE CAUSE ()	ultiple :		28					
PRESTON	ZZZEŻQ	19	Conditions, if any,		TO, OR A	S A CONSEQUEN	CE OF						
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	AND ATIO		PART 2 OTNER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO OF ATH BUT	NOT RELATED TO THE	TERMINAL DISEASI	OR CONDITION GIVEN II	PART 1 in				
RECORDS,	SHOULD BE EXECUTED DRD "PENDING", IN PR CHIEF MEDICAL EXAM CHEE AS A BURIAL- TOF HEATTH AND ME URIAL, CREMATION, C	Z				THE MEETING OF THE	TERMINAL VIOLASI	OR CONDITION DIVER II	TART TOO.				
RE	HEA MEN	CERTIFICATION	190. DATE OF OPERATIO	N 19b	CONDITIC	N FOR WHICH O	PERATION W	AS PERFORMED?				20 AUTO	PSY?
AT/	58 H N P P P	Ĕ										YES	NO 🗆
DIVISION OF VITAL	MEN WEN	W W	UNDERLYING OR	VAS 21b.	TIME OF IN	NJURY MONTH DAY Y		OW INJURY OCCUI	RRED IENTER N	ATURE OF INJURY IN	I ITEM 18 PART I OR	PART 2)	
NO	F E D F S	MEDICAL	CONTRIBUTING CAL					ject was	drive	r of au	to whic	h hit b	ridge
INISI	S CERTING THE DEPO	VED	21d. INJURY OCCURRED	21e	PLACE OF	Y. FARM FTC)	S	CATION TREET		CITY OR TOWN		CUNTY	STATE
۵	WRE VARE		WHILE NOT WE AT WOR	K 🔀	high	way	Per	ninsula H	ighway	at Che	stwood,	Dundalk ty, Md.	, Balto
	PORWA PORWA PORWA PHE STAT	2	22a I certify that I too	k charge of the rem	noins descri	bed obove, held o	n Autop	sy XX, Inspec	ction .	Inquiry .	, and in my		•
	SER SER	7	death resulted from	Notural causes		Scident X	Suicide	, Homicide	. Undete	rmined manner			
	AL EXAMINER: HE CERTIFICATE, HOULD BE FORV, AL DIRECTOR: VIH, WITH THE S. E., MARYLAND,		ACTUAL	, Aldail	- W	1 1/	01	TITLE (SPECIFY)					4 11 00
	SHORTH SHORTH	-	SIGNATURE	1 my		KLIKI	M	Assist	ant_MEDI	CAL EXAMINER	R SIGN		-15-80
	MOLENIA S	1	EXAMINER'S NAME M	argarita	A. K	orell. M.	.D.		111 Pe	nn Stre	et		
	TO MEDICAL EXAMINE: THIS CERTIFICATE ST EXECUTE THE CERTIFICATE, WRITING THE WOI PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU	72 p	(TYPE OR PRINT)URIAL, CREMATION, REM			23c. NAME OF		ADDRESS					
		(3	PECIFY)		17/0	Green			CITY C	CATION PRIOWN altimo		Mary!	1 and
2	BP	24 F	Cremati JNERAL DIRECTOR DIJ	da-Ruck			FIGUII		TE REC'D. BY		B REGIT RAR'S		Lana
00	DHMH - 17 VR A 15 ME (5))		7922 Wise				MD 21	222	VOV 1	8 198d	AL PA	ymes	sody to
	15M 2/80	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,									

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	O	2	7	1	6	7

1	REGISTRAR		CERTIF	ICATE OF DE	ATH	REG. NO).			
	ECEASED NAME FIRST Doretha	MIDDLE	WI	LLIAMS		November	MONTH DA		26. HOUI	
3. SE		4. RACE	5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 2	
	Female	Negro	egro M3NTH 44 341			49	YRS.	NTHS DAYS	HOURS	MIN.
.7a. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY) MD	76 CITIZEN OF WHAT COUP USA	9 BALTIMORE CITY OR CO			COUNTY C				
	ESSEX	Franklin			UTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				55 OF
	STATE MD		inore			13e STREET APPRESS 5117 Dar	ien F	Rd.		
14. F.	James	She'l	ľton	15. MOTHER'S A	MAIDEN NAM Sie	WIDDLE		Mon	roe	
		MAR OD DATES	1 SECURITY NO. 38-9522	Tyron		liams 511:		ien R	d.	
TION	gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT C	onditions <u>contributin</u>	cranial F	NOT RELATED T	O THE TERMI					
CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V			20a. AUTOPSY? YES NOXX	IN CERTIFYI YES	WERE FINDIN NG CAUSES		H?	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA! (IF EITHER, NOT IFY MEDICAL EXAMINER)	P.M.	H DAY YEAR	21c. HOW INJURY OCCURRED		ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	TIORPART2)		
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211. LOCATION STREET	١	CITY OR TOV	VN	COUNTY	51	TATE
	220.1 certify that (X)(this haspit saw the deceased alive an above, (X)(we) (did) (did)(X)	November 19	from Noven		, 19 <u>80</u> our) opinion d	, to <u>Novembe</u> eath occurred on the do		ond from the	that (X)(w couses sta	re) los ted
	Mb. SIGNATURE	-		Ph	TENDING TYSICIAN [MEDICAL STAF	F IAN 🔼	22c. DATE 11/3	SIGNED .9/80	
	Renneth Rothba			220 ADDRESS 9000 F	rankli	n Square Dr	., Bal	to., N	id 21	23
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 11/25/80	23c NAME OF C Baltin	emetery or cr		23d LOCATION CITY OF TOWN Baltim		COUNTY	S	ďĎ

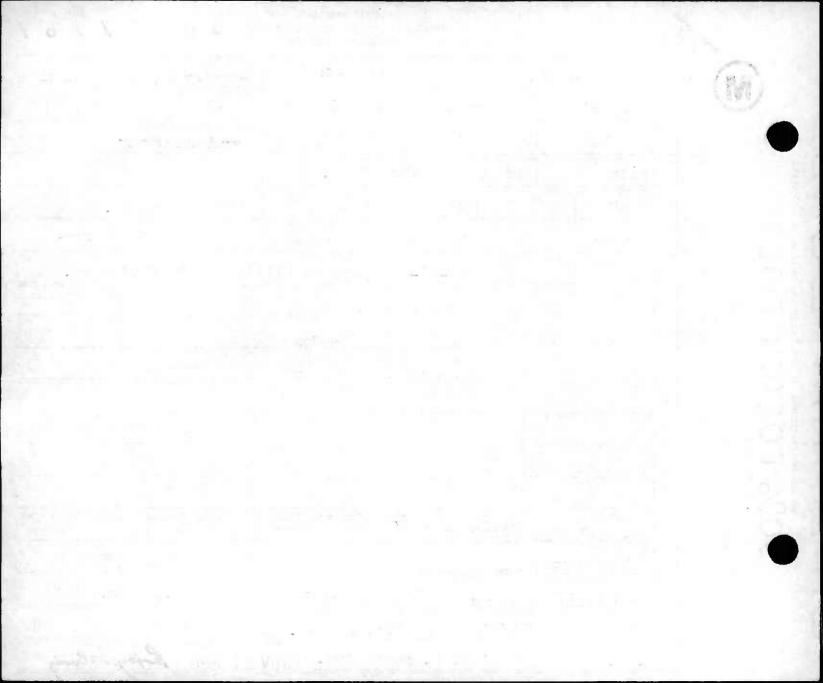
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furshould be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician BP DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.

1980

25a DATE REC'D

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



the attending physicion and campletely filled in by the funeral director. I remove corbonpopers. Pages 1 and 2 should be filed within 72 hours offer

injury, or other troumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	O.		0 0
1		CEASED NAME OR PRINT)	FIRST		MIDDLE	t	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
1		MA	.RY	FR	ANCES	V	VILLIAMSON	Novembe	r 5, 19	980	M
	3. SEX	(4	RACE		5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	1	Female		Whit		MONTH		00		ONTHS DAYS	HOURS MIN.
	7n B/6	RTHPLACE (STATE OR F	OPEIGN 7	b CITIZEN OF			8,1900	9. BALTIMORE CITY O	YRS.	OF DEATH	
1		OUNTRY)	OKEIOI4	U CITIZEIA OI	WITAT COOK	MARRIE	D 🗌 NEVER MARRIED 📮	. DALTIMORE CITY	<u>m</u> coom	OI DEATH	
		Kansas		US		WIDOWE		Baltimor			MD.
	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NI THEACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
		Towson			rn Cir		. 303	Secretary		Optio	cal
7		AL RESIDENCE (IF NURSI		THER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)				OPCIC	raz.
1	13a. S		13b COUNT		13c. CITY OR		13d. INSIDE CITY LIMITS?	138. STREET ADDRESS	a		
_	THE RESERVE OF THE PERSON NAMED IN	Maryland	Bali	timore	Towso	n	YES NOXX	34 Acorn	Circle	Apt. 3	303
	14. FA	THER'S NAME FIRST	M	IDDLE	LAS	т	15. MOTHER'S MAIDEN NA	AME		LAS	T.
4		Etienne			Becha	rd	Mary			McFarl	ane
٦		AS DECEASED EVER			166 SOCIAL	SECURITY NO.	17. INFORMANT	ADDR	ESS		
	(4	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	000 00	F0107	Was Was the	7.1 t = C 1.1	005 5		
		No			N80-32	-5018A	Mrs. Martha	FitzGerald	805 P		
		18. CAUSE OF DEATH	H (Enter anly	one cause per	line for (a), (l	b), and (c).)		- 1		BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W.	AS CAUSED IMMEDIATE		Co	· Dunes	no. Tou Co.	· T		(-)	46
		11 11 6	IMMEDIATE	CAUSE (a)		7					
		DUE TO, OR AS A CONSEQUENCE OF									0
		Conditions, if ony, which (b) HIC VID & STAD W.						100	Kizz year		
		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF						/	10		
		underlying couse	last.	100210,0	K AS A COINS	DEGOLINCE OF					
		DADT 2 OTHER CICA	UEICANITO	, (6)	ON IT DID LIT IN IC	TO DE ATH BUT	NOT RELATED TO THE TER/		D.IT.IO. I. C.D.II		
	z	PART 2 OTHER SIGN	NIFICANT CC	DADITIONS CO	DINTRIBUTING	3 TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OF OB	DITION GIVE	EN IN PART TI	7)
	CERTIFICATION			IN COMPINION FOR WHICH OPERATION WAS REPEAR OF				D 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED			
	CA	190 DATE OF OPERAT	ION	196. CONDITION FOR WHICH OPERATION WA			N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN (ING CAUSES	
	=							YES NO	YES		NO 🗆
	#	210. ACCIDENT WAS UND	ERLY NG	216. TIME OF INJURY			21c. HOW INJURY OCCUP	- 48	IRY IN ITEM 18 PA	RT 1 OR PART 2)	
		OR CONTRIBUTING	MOSE CLOCATI	HOUR A.	M. MONTH	DAY YEAR					
	Ď.	(IF EITHER NOTIFY MEDIC			Μ.	19					
7	MEDICAL	21d. INJURY OCCURR	RED	21e. PLACE		FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	>	AT WORK AT WOR	ILE -	(ATTOME, ST	net, racioni, o	Trice, I Anni, Ere j					
		22a.1 certify that (1)		l) ottended th	a deceased f	iam M	Areh 16 10 7	1 in Nov		0 82	that (I) (we) lost
H		sow the decease		ii) onended iii	2114	Oce	nd that in (my) (aur) apinian	dooth occurred on the d	ate and have		
		obove, (I) (we) (d	(f) [did not)	view the body	ofser depth.	, 0.		death occurred on the o	are and nour		
		22b. SIGNATURE	//	-	0 1		DEGREE			22c. DATE	SIGNED
ij		Fr	ny	57	6		ATTENDING PHYSICIAN	MEDICAL STA		11/6/	/90
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINTI	~ 10h	140	122e. ADDRESS	M DIRECTOR TITTS	-1014	111/0/	80
					/-	EN AVE					
		Luke E.	Terry	y, Jr.	M.D.		Hampton Pla	za Building			
		URIAL, CREMATION, I	REMOVAL	23h DATE		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	(SPECIFY)	1	11/10	700 H	one Tel	and National	Long Isl	and	New Yo	STATE
		Buria		1 11/10	1/00	Oud TRI	Third National	I TONG IST	anu	MEN IC	17.17

should be detoched for use as the buriot-transit permit. Then please remave carbon paper with the State Depti. of Health and Mental Hygiene prior to buriol, cremation, or removal.

ATTENDING

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

Burial 11/10/80 Long Island National National

1980

BY REGISTRAR 256. REGISTAR'S SIGNATURE

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 ma
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO FIRST 20 DATE OF DEATH MONTH YEAR 76 HOUR DECEASED NAME (TYPE OR PRINT) WILSON 03 80 BESSIE & AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX MONTH Female White sent. To. BIRTHPLACE ISTATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) U.S.A. TOWSON Maryland DIVORCED | WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GBMC 6701 N. CHARLES STREET II CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY BALTIMORE ousewife Own Home WSUAL RESIDENCE (IF NURSING HOME OR OTHER INS 13g. STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore 3105 Mt. Carmel Road Maryland Upperco NO X 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME FIRST MIDDLE MIDDLE Alice Trabert Keenv Reuben 19-36-0936 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Carmel (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES 19-36-09 J. Wilson. Upperco. 0 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST AIMMEDIATE CAUSE (a) 5 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF othe underlying couse last. 10 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION ond Mentol Hygiene prior 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 18 show NOX YES T NO I 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Hem WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE AT WORK 80 22a-1 certify that (1) (this haspital) attended the deceased from 80 sow the deceased alive an. and that in (my) (our) opinian death occurred on the date and hour and from the causes stated 21 o to above, (I) (we) (did) (did not) view-the body after death toched to Dept. 226. SIGNATURE DEGREE 22c. DATE SIGNED -ATTENDING MEDICAL STAFF 11/03/80 TO FUNERAL E should be deto-with the Stote E PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PUNT) 22e ADDRESS GREATER BALTIMORE MEDICAL CENTER C. ONE JEME DR. 23d. LOCATION 230, BURIAL CREMATION, REMOVAL 36 DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN STATE Preeland Balto Md.
250. DATE REC'D. BY REGISTRAR 256. FISTRAR'S SONATURE Buria Nov 6 1980 Middletown

Freedom.

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DHMH-16 30M 2/80 (VRA 15, 4)

FUNERAL DIRECTOR

DIRECTOR:

Committee of the commit ES. C. PRESENT TO THE PART OF THE CONTROL SERVICES.

The state of the s

SEX			CEASED NAME FIRST TAME	C A	-	VILSON	REG. N 2e. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
The BRITHBRACE STATEMONDERS IN CHIZEN OF WHAT COUNTRY MARRIED DIVORCED DIVORCED STATEMOND S.C. BECTIVE RESULT OF THE STATEMOND OF BATH DIVORCED DI	Ge	3 SE)			5 DATE	OF BIRTH		MONT		UNDER 24
Baltimore County Baltimore	tied at on		MINITEN		MARRI			OR COUNTY OF) .
13. STATE 134 COUNTY 134 CHYOR TOWN 134 STATE ADDRESS 135 STATE ADDRESS 13	255			(IF NOT IN SUCH FACILITY	L, NURSING HOME GIVE STREET ADDRESS)	OR OTHER INSTITUTION				USINES
186 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS N/A Carolyn Alston 642 E. 27th St.	35	USU/ 13a S	TATE 136 COU	NTY 13c CIT	YORTOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS 642 E.	27th	St.	
THE CAUSE OF DEATH LENTER ONly ONE COURSE DESCRIPTION TO NOT COUNTY THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I IO.	00	14 FA		WIDDLE	LAST				LAST	
PART I DEATH WAS CAUSED BY MMEDIATE CAUSE 10] ELECTROMICHANICAL DISSOCIA TION	2	160 V	AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN] (IF YES, GN NO						h St.	
OR CONTRIBUTING CAUSE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHITE AT WORK AT WORK COUNTY 22e I certify that (1) (this haspital) attended the deceased from 19 to 1-2-19 SU, that (1) (this haspital) attended the deceased from 200ve, (1) (we) (did) (did not) view the body after death. 22e. SIGNATURE 22e. PHYSICIAN'S NAME (TYPE OR PRINT) COUNTY DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN HOST COUNTY GENCERAL HOST BUTIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BALLTIMORE COUNTY GENCERAL HOST BUTIAL STAFF PHYSICIAN BUTIAL COUNTY GENCERAL HOST COUNTY BUTIAL COUNTY GENCERAL HOST COUNTY BUTIAL COUNTY GOVERNMENT COUNTY GOVERNMENT COUNTY BUTIAL	s any injury, or other traum	TION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT ARTEROSCLE	DUE TO, OR AS A CONDITIONS CONTRIBUTION CARDIN	OVASCULA	T NOT RELATED TO THE TERM R DISCIPLE, C	INAL DISEASE OR CON	TRUCTIVE	LUNG.	DISE.
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY TEAK (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 19	shows 8	RTIFICA		10)			YES NO	IN CERTIFYING	G CAUSES OF	
22a I certify that (I) (this haspital) attended the deceased fram 19 to 10 10 10 10 10 10 10 10 10 10 10 10 10			OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC	ONTH DAY YEAR			IRY IN ITEM 18, PART I		STAT
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY CRY OR TOWN CRY OR TOWN (SPECERY) Burial 11/8/80 King Memorial Pk. Baltimore Co.	arked or Item	MEDI	WHILE NOT WHILE	(AT HOME, STREET, FACTO	ORY, OFFICE, FARM, ETC.]	STREET	CITY OR TO	wn c		
Burial 11/8/80 King Memorial Pk. Baltimore Co.	ANI: If Item 21 is marked or Item	MEDI	WHILE AT WORK NOT WHILE 22e I certify that (I) (this hasp saw the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	ital) attended the decea	sed from	., 19	death accurred an the d	2 19_ late and haur and	22c. DATE SK	GNED SO
24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR'S AGNATURE	MPORTANT: If Item 21 is mai		WHILE AT WORK NOT WHILE AT WORK 27e I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did not 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE CACOR GIG	or PRINT	sed from 19 50 , c	DEGREE ATTENDING PHYSICIAN 270 ADDRESS BALTIMORE	MEDICAL STA DIRECTOR PHYSIC	2 - 19_ late and haur and IFF CIAND	22c. DATE SK 11-2:	GNED GO

STATE OF MARYLAND

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TO HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

	1.66	REGISTRAR CEASED NAME	FIRST	A	NODLE		FICATE OF DEATH	REG. N	MONTH DAY	Y YEAR 25. H	IOUR
		E OR PRINT)		-				Za. Daile Of Death	11 /	50 6	33
4	1 SE		agnes	RACE E.	•	Win	ter OF BIRTH	& AGE LIN YEARS LAST BIR	THOAY) IF		NDER 2
類	1 26					MONT	H DAY YEAR	/	_	ONTHS DAYS HOUR	RS
V	Pa Ri	Female		Caucas:	NHAT COUNTRY?	02	29 80	100 BALTIMORE CITY C	YRS.	DEDEATM	_
5/4	C	OUNTRY)			VIAI COUIVINI:		D NEVER MARRIED				
E		ennsylvani		U.S.	IOSPITAL NURSIN	WIDOWI	DIVORCED DIVORCED	Baltimore		12b. KIND OF BUS	INE
3//			9	I IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST C	OF WORKING LIFE)		
The London		atonsville					atonsville	Homemake	r		_
375	13a S	STATE	136 COUNTY		13c. CITY OR TOW	N.	138. INSIDE CITY LIMITS?	13. STREET ADDRESS		מ רגוזו	
E -		laryland ATHER'S NAME	Howa	rd	Elkridg	е	YES NO NO	6036 01d 1	Lawyers	Hill Ro	oad
231	1	FIRST	MID	DLE	LAST		FIRST	MIDDLE		LAST	3 3
medic	140.1	Jesse WAS DECEASED EVER	DINITIC ADAG	D FORCESS	Ewing 166 SOCIAL SECU	IRITY NO	Alice	Ann	FSS	MacDonal	ra
the T		YES, NO OR UNKNOWN)	I F YES, GIVE W				May W. Cobb			n Hill Do	n d
event, t	-	NO			210-16-		may w. cobb	0030 010	Lawyers	APPROXIMATE IN	
ury, or other traum		Canditions, if any gave rise to im couse 101, stati underlying couse	nmediate ing the e last	(b) DUE TO, OF	AS A CONSEQUE	ENGE OF	-Hefren	PN-6			
any injury, or other	CATION	gave rise to im couse (0), stati underlying couse	mediate ing the e last MIFICANT CO	DUE TO, OR (c) NDITIONS CO	ASALONSEOU DITRIBUTING TO	DEATH BUT	Aspiration Aspiration Thorrestated to the term ON WAS PERFORMED	24101-l	20b. IF YES,	WERE FINDINGS U	
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 haurs of with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physician. injury, ar ather traumatic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

of pace.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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1 -	REGISTRAR				CERTIF	ICATE OF DEATH	1	REG.	NO.		
	CEASED NAME OR PRINT)	FIRST	٨	AIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
		Amy		Ann	Wit	tkopf		November	29,	1980	10:25PM
3. SE	X	4	RACE		5 DATE C			6 AGE (IN YEARS LAST B	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
F	emale		White		2 MONTH	16 196	06	74	YR		HOOKS MIN
10 BI	RTHPLACE (STATE OF FO	DREIGN 7b		WHAT COUNTRY?	8 MADDIE	D NEVER MARRIE	рП	9 BALTIMORE CITY	OR COU	NTY OF DEATH	
	Maryland		USA		WIDOWE			Baltimor	e Cou	inty	MD.
10 C	TY OR TOWN OF DEA	ATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTIO	N	12a USUAL OCCUPA			F BUSINESS OR
9	lowson			oseph He		1		Operator			P Tele-
130.5	AL RESIDENCE (IF NURS	ING HOME OF OT	HER INSTITUTION.		E ADMISSION)	13d INSIDE CITY LIM	UTS2 1	13e STREET ADDRESS	5		phone C
N	Id.	Balto		Cockey			1	10509 Wi	lmar	Place	
)4 F/	ATHER'S NAME	MID	DIE	LAST		15 MOTHER'S MAID	ENNAM	MIDDLE	Со	ckeysvil	le, Md.
	William	Henr	A 2	ban		Mary	Į.		Pa	rks	
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADD	RESS	Pho	enix. Md
,	No			212-05-	0325	Mr. Joh	n C.	. Alban, a	2014	Stockton	Rd.
	18 CAUSE OF DEAT	H Enter only	one couse per	line for (0), (b), on	d (c	1-1				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH W	IMMEDIATE		Pulm	oval	y tder	ver				
	4393 DUE TO, OR AS MCONSEQUENCE OF										
	Conditions, if any, which										
	gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
	underlying couse lost.										
7	PART 2. OTHER SIGN	VIFICANT CO	nditions <u>cc</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO TH	E TERMI	NAL DISEASE OR CO	NDITION	GIVEN IN PART 1	0)
MEDICAL CERTIFICATION								•			
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RTIF								YES NO		YES	NO 🗋
Ö	21a. ACCIDENT WAS UND		21b. TIME O HOUR A.	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY C	OCCURRE	ED (ENTER NATURE OF IN	IURY IN ITEM	18, PART 1 OR PART 2)	
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AEDI	21d. INJURY OCCUR		21e. PLACE (OF INJURY SEET, FACTORY, OFFICE, F	21f. LOCATION STREET			CITY OR TOWN		COUNTY	STATE
~	AT WORK NOT WE	PILE D			20						
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	226. SIGNATURE	1	2 0			DEGREE		EDICAL ST	4.55	22c. DATE	SIGNED
	mou	for (1 O1	ween	-010	ATTEND PHYSIC	IAN [MEDICAL ST DIRECTOR PHYS	AFF	11-2	9-80
	22d PHYSICIAN'S NA					22e. ADDRESS			5		
	Morton C.	. Ormar	1, M.D.			2936 E.	Balt	cimore St.	Balt	to., Md.	21224
23a. f	BURIAL, CREMATION,	REMOVAL	23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION	1117	COUNTY	STATE
	Burial	0	12/3/8	30 Je	ssops	Cemeter	У		ysvil	lle, Mar	yland
24 5	WERAL DIRECTOR	12an	m			2	So. DATE	REC'D. BY REGISTRA	.R 25b. REC	GISTBAR'S SIGN	Bready
N	fartin D.	Lawso	n, 10	W. Pado	nia R	d.	DE	C 2 1980	1	dradan.	/

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- 10		FOR STATE REGISTRAR		MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		77	74
page 3		CEASED NAME FIRST OR PRINT) Ashtor			LAST	11-9-8			Zh HOUR M
di/ector, pa	3 SE	Male	4 RACE White		DF BIRTH YEAR YEAR	4. AGE (IN YEARS LAST BIRT	YRS.	NTHS DAYS	H UNDER 24 HRS HOURS MIN
n 77 ng ifaga ii	C	RTHPLACE ISTATE OR FOREIGN OUNTRY VIRGINIA	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE		Baltimore City o	190-	ounty	MD.
by the fu		Balto. Md.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 20 Les Le	ADDRESS) Aven		120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF		12h KIND OF INDUSTRY Betr.	Steel
filled in uld be fil	13e	AL RESIDENCE (IF NURSING HOME OR BALG	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N	134L INSIDE CITY LIMITS? YES NO 🖄	13. STREET ADDRESS	lie Av	Avenue	
nd 2 sho	14. F/	Ashton S. Wro	MIDOLE LAST		15 MOTHER'S MAIDEN NAM Hepzibah	Evans MIDDLE		LAST	
Pages 1 a		NAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	1622	Mr. Kenneth	A. Wray -		mplona	a, Nd. Rd.21045
en signed by the attendir Then please remove carbo r to burial, cremation, on ny injury, or other traum	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 1(a)	
te has be permit. Jiene prio	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHICH	CONDITION FOR WHICH OPERATION		20a AUTOPSY?	206. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES C	SS USED OF DEATH?
is certifica ial-transit lental Hyg or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	I I OR PART 2)	
After this the burish and Mend Mend Mend Mend Mend Mend Mend Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	ZII LOCATION STREET	CITY OR TOV	vN	COUNTY	STATE
AL DIRECTOR: etached for use as ste Dept. of Healt		saw the deceased plive an	tal) attended the deceased from		nd that in (my) (our) opinion of DEGREE ATTENDING	medical STAL	F _	27c. DATE S	
TO FUNER should be de	730.	FRANK CHEMATION, REMOVAL	KUEHN MD	NAME OF (7600 OSLE	R DR. S.	UTTE 2	13 B1	10 MD211
DHMH-16 25M	L	UNERAL DIRECTOR	11-12-80 Ga	ndens	of Faith (em.	Balto. EREC'D. BY REGISTRAR	Md.	R'S SIQ NATU	STATE
VRA 15, 4) 1/79		Who C. Miller	Inc-6415 Belair	Rd 2	1206 NU	# T & 1900	hard day	7/1-0	

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		FOR STATE REGISTRAR	1,12	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYGI FICATE OF DEATH	REG. N		777	7 5
		CEASED NAME FIRST	MIDDLE DOW		IGHT	20 DATE OF DEATH			HOUR 3:10P
			BY BOY			6. AGE IN YEARS LAST BIR			UNDER 24 HRS
	3 SEX	Male	4. RACE W	5. DATE O		6. AGE (INTEAKSTASI BIK			2 15
35		RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED .	9 BALTIMORE CITY C Baltimo	_		м
56		OWSON	I. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Greater Baltimo	ADDRESS) TE Me	or other institution dical Center	12g USUAŁ OCCUPAT ITYPE OF WORK FOR MOST O		12b. KIND OF BI	USINESS OI
3	USUA 130. S	L RESIDENCE (IF NURSING HOME OF TATE MD		e admission)		13e STREET ADDRESS 9319 Todd	Ave.	Ft. Howa	ırd
30	14. FA	Theodore	Wayne Wright	:	Kim	Michell		Smit	:h
		(AS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT mother	ADDR	ESS		
	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) Premature DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF		nal disease or con	IDITION GIVE	EN IN PART 1(a)	
	CERTIFICATION	19a. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	20g AUTOPSY?	IN CERTIFY	, WERE FINDINGS YING CAUSES OF	
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFEITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH D.	19	21c. HOW INJURY OCCURRE		PRY IN ITEM 18 PA		STATE
	«	WHILE NOT WHILE 220.1 certify that X (this hasp sow the deceased alive a	ital) attended the deceased from _	801/	20 , 19 80 and that in XX (aur) apinion d	, to	'	9_80_, tho	(we) la
		Obove, Xi (we) (did) (dix 2) 22b. SIGNATURE 22d. PHYSICIAN'S NAME 12YPE	at) view the bady after death.		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c DATE SIG	
1			Adams, M.D.			arles St.			L204

23c. NAME OF CEMETERY OR CREMATORY

GBMC

6701 N. Charles St.

23b. DATE

11-25-80

230. BURIAL, CREMATION, REMOVAL Cremation

FOTOERAL DIRECTOR

23d LOCATION
CITY OR TOWN
TOWSON

Balto

MD

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

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an and completely filled in by the funeral director Pages 1 and 2 should be filed within 72 hours aft

STATE OF MARYLAND

B	- 63	63	- 7	
5	U	P.	/	

1 - STATE REGISTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO.	2///0
1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Adam	Antonov	YAROSHEVICH	Nov. 23, 19	980 6:30 A
3. SEX	4 RACE	5. DATE OF BIRTH	4. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	MONT/29/1893 YEAR	87 _Y	MONTHS DAYS HOURS MIN
78. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) RUSSIA	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	- Baltimore (
10 CITY OR TOWN OF DEATH Dundalk	(IF NOT IN SUCH FACILITY, GIVE STR 226 Clevel	SING HOME OR OTHER INSTITUTION DEET ADDRESS) Land Avenues	128 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKS Wireman	126. KIND OF BUSINESS OF
13e STATE 13b CC	e or other institution, give residence bei DUNTY 13c. CITY OR TO Balto. Dundal	OWN #134 INSIDE CITY LIMITS	226 Clevelar	nd Aven. 21222
14 FATHER'S NAME FIRST Anthony	MDDLE Yaroshevi	15. MOTHER'S MAIDEN FIRST Marie	NAME	Unknown
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) IIF YES,	ARMED FORCES? 166 SOCIAL SE 213.07.		ADDRESS Yaroshevich=Same	as 13e
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING T	DUENCE OF O DEATH BUT NOT RELATED TO THE T CH OPERATION WAS PERFORMED		N GIVEN IN PART 1(a)
TIFIC				ERTIFYING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (# EITHER, NOTIFY MEDICAL EXAMI	FDEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEA	M 18, PART I OR PART 2)
WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
22a I certify that (I) (this has saw the deceased alive	ospital) attended the deceased france on Nov 12, 19 d not) view the body after death.	DEGREE	nian death accurred an the date and	22c. DATE SIGNED
22d. PHYSICIAN'S NAME ITY	CLUCION -	PHYSICIAN	G MEDICAL STAFF N DIRECTOR PHYSICIAN] 11/23/1980
	Patterson, ;M.D.		lk Avenue, Dundal	lk, Md. 21222
230. BURIAL, CREMATION, REMOVE SPECIFY). Burial		NAME OF CEMETERY OF CREMATO	CITY OR TOWN	county state Marvland

DHMH-16 25M (VRA 15, 4) 1/79

MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the m TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

Walter Brooks Bradley Inc., Dundalk Md.

11/26/1980 Holy Trinity Russian Cem.

23d LOCATION
CITY OR TOWN

Elkridge

Maryland

Miles & Ball of John State and

2 WEEL ST.			K	c GII	1
	3. SEX		4. RACE	400	5.
ARY 000 N	Fer		Whi	te	7b
PAR PER S		REIGN COUNTRY)	TATE OR		/ 8
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DRE, MD. 21 R DEATH. IF AGES 1, 2, RM PM 3. I AND 2 SH OF ATAL R	14. FA	THER'S NAME			M
A S & S & S & S & S & S & S & S & S & S		Alber			
BALTIMORE, MD. 2 URS AFTER DEATH. IF 3. GIVE PAGES 1, 2, WITH FORM PA PAGES 1 AND 2 SI DIVISION OF WITH		AS DECEASE		IN U.S. AR	
BALTIMO URS AFTER B. GIVE PA WITH FOI DIVISION		No		(4 123, 514)	. Trans
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- 6	11-	FOR STATE REGISTRAR				NT OF HEALT	H AND MENT		0 0	2 REG. NO.	7	7	7	1
M	T. DECEASED NAME FIRST Regina CERTRUDE YOOR YOOR 1. DECEASED NAME T. DECEASED NAME PREST Regina CERTRUDE YOOR YOOR 1. DECEASED NAME OF ESTINATION DEATH MATE												80	26, HOUR
72 HO	3. SEX	male	4. RACE White								l l	DAY 19	YEAR	2d. HOUR 0705
	Ma:	RTHPLACE (S REIGN COUNTRY) ryland	i	U.S.A. B. MARRIED NEVER MARRIED Baltimore CITY OR CO							Cou	nty		MD.
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carbanpapers. Pages 1

TO FUNERAL DIRECTOR: After, this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers. P with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked at Item 18 shows any injury, at other traumatic event, the

medical exami

FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		O REG. I	2	7	1	7	-
1. DECEASED NAME	FIRST	MIDDLE	LAST	2a DATE	OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
(THE SKERINI)	Louise	Crooks	Youngman			11	4	80	2:5	55
3. SEX	4 RA	CE	5. DATE OF BIRTH	A AGE U	N YEARS LAST B	URTHDAYI	IF U	NDER 1 YEAR	IF UNDI	FR2

1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR Louise Crooks Youngman 11 4 80 2:55					CE11.11	ICATE OF DEATH	REG. NO)		
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S. DATE OF BIRTH S. DATE OF		Louise	Croc	oks	Young	man		11	4 80	2:55 P
Female White Sept. 24, 1907 73 785.	SEX	4. R/	ACE		5. DATE C	OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS
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14. FATHER'S NAME FIRST William C. Young 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, SLOCK UNKNOWN) NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 19 PART 1. DEATH WAS CAUSED BY: 10 DUE TO, OR AS A CONSEQUENCE OF Metastatic brain disease 2 yrs 10 DUE TO, OR AS A CONSEQUENCE OF Breast cancer PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)								D		
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 160 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 6525 Cedar Ave. 523-32-2865 John G. Youngman, Jr. Pennsauken, N.J.	116.01			LAST					LAS	16
No 523-32-2865 John G. Youngman, Jr. Pennsauken, N.J. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) Bronchopneumonia MAPPROXIMATE INTERVENCE	60 WAS DECEASED E	VER IN U.S. ARMED		6b. SOCIAL SECUE	RITY NO.	17. INFORMANT	ADDRE	55652	5 Codom	A ===
IS CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic brain disease 2 yrs DUE TO, OR AS A CONSEQUENCE OF (c) Breast cancer PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	NO OR UNKNOWN	(IF YES, GIVE WAR				John G. Young				
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THOUSE AND MONTH BAY VEAR	21a. ACCIDENT WA				V VE 15	21c. HOW INJURY OCCURR			CA.M	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	OR CONTRIBUTING	_								
21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION	21d. INJURY OCC		21e. PLACE O	FINJURY			A			
WHILE NOT WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STA	WHILE D NO	T WHILE	(AT HOME, STREE	ET, FACTORY, OFFICE, FA	RM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE
22a.I certify that (I) (this haspital) attended the deceased from Sept 3 19 80 to Nov. 4 19 80 that (I) (w.	22a. I certify tho	t (I) (this hospital) c	ottended the	deceased from	Sep	t 3 , 19 80	to Nov. Z		19_80	that (I) (we) las
sow the deceased give an NOV 4 19 80 , and that in (my) (our) opinion death accurred on the date and hour and from the causes state above, (1) (we) (did raid not) view the body after death	sow the dec	eosed of ve on	Nov.	4 19 6	, or	nd that in (my) (our) opinion d	death occurred on the do	te and ha	ur and from the	couses stated
22b SIGNATUE DEGREE 22c. DATE SIGNED	22h SIGNATURE	15. V:	_ /	7		DEGREE			22c. DATE	SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN T		1001le	ered	1-		ATTENDING PHYSICIAN	MEDICAL STAF	ANIX		11-5-80
224. PHYSICIAN'S NAME (1994 ORPHINIT) 22e. ADDRESS	/		-	-						
6701 N Charles St. Tarres Mt 212	/	NAME (INTORMIN	ri .							
Rudiger Breitenecker, M.D. Williams St. 10wson, Md. 212	224. PHYSICIAN			er. M D		6701 N. (Charles St.	Tows	on, Md.	21204
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	Rudi	lger Breit	teneck		AME OF C		23d. LOCATION	Tows		21204

250. DATE REC'D.

BY REGISTRAR 256

Wildwood 6500 York Rd.

Baltimore, Md.

74. FUNERAL DIRECTOR
Mitchell-Wiedefeld Home, Inc.

DHMH- 16 30M 2/B0 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpopers: Pages 1 and 2 should be filed within 72 have demoted for use as the burial-transit permit. Then please remove carbonpopers: Pages 1 and 2 should be filed within 72 have demoted the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical exagine

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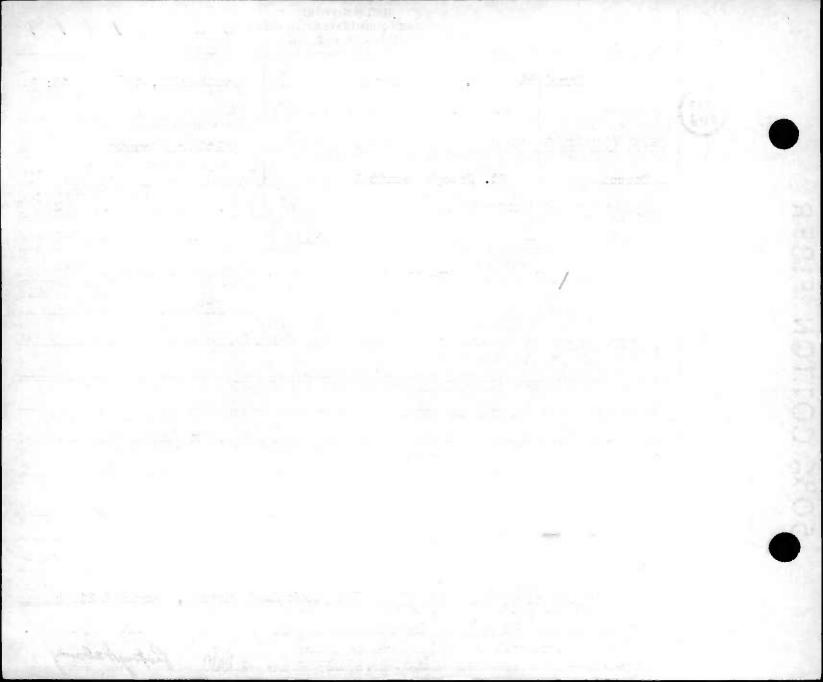
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FOR STATE REGISTRAR	DEPAR	CERTIFICATE		ENE 8 0	27	7 9
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST			MONTH DAY YEAR	26 HOUR A
Harrie		Yusko		November	29, 1980	10:03*
Female	Caucasian	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTH	MONTHS DAY	
7a. BIRTHPLACE (STATE OR FOREIGN West Virginia	76. CITIZEN OF WHAT COUNTR USA	MARRIED NE	EVER MARRIED U	Baltimore city of Baltimor	- G	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR St. Joseph		R INSTITUTION	120 USUAL OCCUPATION	Dandife) 12b. KIND	of BUSINESS OR to.City
	OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION) DWN 13d. INS LUM YES	IDE CITY LIMITS?	7 N. Ham	" mona	um, Md. 21093
14 FATHER'S NAME Willis	AIDDLE Saur	nders	OILI MA		Ве	verlin
160. WAS DECEASED EVER IN U.S. AR NYES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SE VE WAR OR DATES) 362-22		eorge M.	Albright		address
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEC	OUENCE OF	Ace Cer	farter		OXIMATE INTERVAL IN ONSET AND DEATH
underlying couse lost.	(c) CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RE		NAL DISEASE OR COND 200 AUTÖPSY? YES NO	DITION GIVEN IN PART 206. IF YES, WERE FINI IN CERTIFYING CAUS YES YES	DINGS USED
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE		DAY YEAR 19	DW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFI		CATION STREET	CITY OR TOW	VN COUNTY	STATE
sow the deceased alive on	of tended the deceased from	0.0	n (my) (my) opinion de	eath occurred on the do	29, 19 80 te and hour and from t	he couses stated
22b_SIGNAJURE	layen f.	DEGREE	" PHYSICIAN	MEDICAL STAF	F	1/29/80
BERNARD S.	KARPERS JA	med. 76	20 York Ros		Maryland 2	21204
230. BURIAL, CREMATION, REMOVAL SPECIFY) Burial	12/2/80	36. NAME OF CEMETER Gardens c	f Faith	23d. LOCATION CITY OR TOWN	Baltimo	
Schimunek Fu Home, Inc.		l Brehms	Lane	REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGN	

DHMH-16 30M 2/80 (VRA 15, 4)

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d within letely fill 2 should	exa	14_F/	THER'S NAME	MIDDLE	ST	15. MOTHER'S MAIDEN	NAME	WW 15	LAST
MA uted und 2	JE30	0	USTAVE	MECH		MARY		FULHAR	
BALTIMORE, ificate be exec rificate be exec rificate be exec oval.	the me	16a. V	VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	L SECURITY NO. 4-2990A	17 INFORMANT PRESBYTERI	AN HOME OF MI		21204 GIA CT.
201 W. PRESTON ST., Uires that the death cert pined by the attending philose remove carbon paurial. cremation, or tem	y injury, or other traumatic	NO	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NEAA	Lized A	A ACEIDEA Antenioscle		Y Days
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law req sttending physician. : After this certificate has been signs, the and Mental Hydiane prior to it.	of 2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	280 AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH?
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DIVISION C DING PHY ttending ph After this c s the burial- th and Men	70	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOV	wn COUNTY	STATE
A ATTENU spital or at RECTOR: d for use as	tem 21 is r		22a 1 certify that (I) (this has	4 / 4	Car	. 17	on death occurred an the de	ate and haur and from t	, that (I) (we) last he causes stated TE SIGNED
ITAL U by the ho IRAL DI detached	TNT::		22d PHYSICIAN'S NAME (TYPE	ever?	4	ATTENDING PHYSICIAN	MEDICAL STAI		-18-80
TO HOSPITAL retained by the I should be detach with the State D with the State D with the State D	MPORT		SIDNEY J	. VENABLE		7215 YO			
BP	_	- (BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	11/20/80		PARK CEM.	BALTIMOF		MD.
4008 DHMH-16			UNERAL DIRECTOR	ADDI		25a. [ATE RECO BY REGISTRAR	256 REGISTRAR'S SIGNL	ATURE
(VRA 15, 4	1/79	M	ITOHELL-WIEDEF	ELD HOME 6500	YORK RD			-	

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DIVISION OF VITAL RECORDS, 201 W. PRESION S1., BALLIMORE, MARTEAND 21201 ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
ING PHYSICIAN: T	
AL OR ATTEND	the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dissoluted be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fined within 12 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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	TATE OF M	ARYLAND	
DEPARTMENT		AND MENTAL	HYGIENE

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	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND I	AENTAL HYGI EATH	ENE B	O REG. NO.	2	7	/ 8	1
		CEASED NAME F	RST	,	AIDDLE	L	AST		2a DATE OF	DEATH MO	NTH DA	Y YEAR	2b. HO	UR
١	1	MI	LDRED		H.	ZEPP			11	11	08	80	1	м
Λ	3 SE	X	4 RAC	E		5. DATE C			AGE IN YEA	RS LAST BIRTHDA		UNDER I YEAR		R 24 HRS
		Female		Whi	te	MONTH 2	29	1908	72		YRS.	NTHS DAYS	HOURS	MIN
d	7a. BI	RTHPLACE (STATE OR FOREK	ON 76 CIT	IZEN OF	WHAT COUNTRY?	l	NEVER A		BALTIMOR	E CITY OR		FDEATH		
I		Maryland	U	.S.A.		WIDOWE		ORCED	В	altimo	re Co	untv		MD.
0		ity or town of DEATH Mary Land	11. N (#	AME OF P	OSPITAL, NURSIN HEACHITY, GIVE STREET A 13 Wilson	G HOME C	R OTHER INST	ITUTION	12a USUAL O (TYPE OF WORK) Homema	CCUPATION FOR MOST OF W		12b. KIND (INDUSTRY		
	13c S	Maryland	HOME OR OTHER I	NSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltime	N	134 INSIDE C	TY LIMITS?	13. STREET A	DDRESS Wilso	n Ave	nue		
0	14 FA	Charles	WIDDLE		Brown			MAIDEN NAM rest rence	E	WIDDLE		Purp	i le	
		VAS DECEASED EVER IN I	U.S. ARMED FO		166 SOCIAL SECU	RITYNO	17 INFORMA	NT		ADDRESS			2122	7
		NO		· OAICS)	220-20-83	357	Milla	rd Zepp	1713 V	Vilson	Ave.			
		Canditions, if any, which gover rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF COUSE (O), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF COUSE (O), stating the underlying couse lost.											SULT	
	CERTIFICATION	PART 2 OTHER SIGNIFIC		IBUTING TO DEATH BUT NOT RELATED TO THE TERM			20s AUTOR	25Y? 21	Ob. IF YES, V	WERE FINDI	NGS USE	TH?		
		OR CONTRIBUTING CAUSE OF DEATH HOUR			A.M. MONTH DAY YEAR			URY OCCURRE	YES NO Y PRED (ENTER NATURE OF INJURY IN ITEM 18.					
	MEDICAL	21d. INJURY OCCURRED 21e PLACE			P.M. 19 E OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.) \$11 LOCATION STREET			N	CITY OR TOWN			COUNTY	5	TATE
		22e.1 certify that ((1) this hospital) attended the deceased from											causes si	
		- lua	THE RESERVE AND PERSONS ASSESSED.	Du	2		P	HYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	v 🗆	TH. DATE	SIGNED	
		FERNANT		ERA.				ANNAP	olis n	0,80	LTIMON	e, mi.	212	27
	(5	BURIAL, CREMATION, REA Burial		DATE 1-12	-80 Me	adown	idge M	emorial	23d LOCAT	idge	Howar	d Co.	Mary	1and
	24 FU Hu	INERAL DIRECTOR Ibbard Funer	al Home	e, In	Balto c. 4107 W	. Md. lilker	21229 ns Ave.	250. DATE	V 1 2 1	980	REGISTRA	R'S SIGNA	Le	4

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DIVISION OF VITAL RECORDS, 20
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FOR - STATE REGISTRAR

		REGISTRAR				CERTIF	ICATE OF DEA	A	R	EG. NO.			
3		CEASED NAME	FIRST	-	MIDDLÉ	L	AST		20 DATE OF DE		OAY	YEAR	2b. HOUR
X	1		ARION	GO	OULD	ZI	MMERMAN			11	09	80	
)	3ª SE	SEX		4 RACE		5 DATE O	5 DATE OF BIRTH		LAGE (IN YEARS L	AST BIRTHDAY)		UNDER 1 YEAR	
/	Female			White		11	/		V80 YRS			VIHS	HOURS MI
43		BIRTHPLACE (STATE OF FOREIGN		76 CITIZEN OF WHAT COUNTRY?		MARRIE	MARRIED NEVER MARRIED		9 BALTIMORE	ITY OR CO	UNTY O	FDEATH	
		Virginia		II C A		WIDOWE	WIDOWED DIVORCED GHOME OR OTHER INSTITUTION		Baltimore County 12a USUAL OCCUPATION 12b KIND OF BUSIN INDUSTRY HOUSewife HOUSEWIFE			M	
C	Maryland		ATH 11			ADDRESS)							
35	13a		ING HOME OF OT 13b COUNTY	OROTHER INSTITUTION, GIVE RESIDENCE BEFORE ANTY 13c. CITY OR TOWN Baltimo		IN 134 INSIDE CITY LIMITS?			Lee Gibson				
30	14 F	Albert				1	15 MOTHER'S MAIDEN NA First Sallie					Gibson	
V		WAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE W		217-52-		17 INFORMANT Janet		npson 200				ryland d. 212
		IN CAUSE OF DEATH	H (Enter only	ane cause per	line for (a) (b), or	nd Ici.i	- /1	1	/			APPRO BETWEEN	XIMATE INTERVAL
		Conditions, if ony, gove rise to imm couse (a), statin- underlying couse	nediote g the	DUE TO, O	R AS A CONSEQU	ENCE OF	eles	each	tur	Kj.	-		
7)	ATION	gove rise to imm couse (a), status	nediote ig the lost NIFICANT CO	(c) NDITIONS CO	0 (DEATH BUT			NAL DISEASE OF	? [20h.	IF YES. V	WERE FIND	INGS USED
9	TIFICATION	gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN	nediote ig the lost NIFICANT CO	(c) NDITIONS CO	ONTRIBUTING TO	DEATH BUT			20e AUTOPSY	? [20h.	IF YES. V	WERE FIND	
99	CAL CERTIFICATION	gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN	nediote g the lost NIFICANT CO	(c)	ONTRIBUTING TO	DEATH BUT	N WAS PERFORM	MED	20e AUTOPSY	2 20b.	IF YES, V ERTIFYII YES	WERE FIND	INGS USED
9	MEDICAL CERTIFICATION	gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN 19e DATE OF OPERAT 71e. ACCIDENT WAS UND OR CONTRIBUTING C	NIFICANT CO	INDITIONS COND INDITIONS COND	DITRIBUTING TO	DEATH BUT H OPERATION AY YEAR 19	N WAS PERFORM	MED URY OCCURRI	200 AUTOPSY YES NO	2 20b.	IF YES, V ERTIFYII YES	WERE FIND	INGS USED
9		gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIF EITHER, NOTIFY MEDICA 21d. IN JURY OCCURR WHILE NOTIFY MEDICA 21d. IN JURY OF NO	NIFICANT CO	IPB COND 19b COND 21b TIME C HOUR A. 21e PLACE (AT HOME STI	DNTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	DEATH BUT H OPERATION DAY YEAR 19 FARM, ETC.)	N WAS PERFORM	MED URY OCCURRI	20e AUTOPSY YES NO ED (ENTER NATURE	2 200. IN C	IF YES, \ ERTIFYII YES M 18, PARI	WERE FIND NG CAUSE	INGS USED S OF DEATH? NO STATE
and of Applied Allows and the Land of Applied		gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL WHILE NOTIFY MEDICAL WHILE NOTIFY AT WORK NATIVOR	NIFICANT CO	IPB COND 19b COND 21b TIME C HOUR A. 21e PLACE (AT HOME STI	DNTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	DEATH BUT H OPERATION AY YEAR 19 FARM. ETC)	21c HOW INJU	MED URY OCCURRI	20e AUTOPSY YES NO ED (ENTER NATURE	OF TOWN The date on	IF YES, 1 CERTIFYII YES M 18. PARI	COUNTY	INGS USED SOF DEATH?
9	MEDICAL	gove rise to imm couse (a), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFETHER, NOTIFY MEDICAL CIFETHER, NOTIFY MEDICAL CONTRIBUTION CONTRIBUTI	NIFICANT CO	19b COND 19b COND 21b TIME C HOUR A. P. 21e PLACE (AT HOME, STI	DNTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE.	DEATH BUT H OPERATION AY YEAR 19 FARM. ETC)	21c HOW INJU	NED URY OCCURRI	20e AUTOPSY YES NO ED (ENTERNATURE CIT to deoth occurred pr	OF TOWN The date on	IF YES, 1 CERTIFYII YES M 18. PARI	COUNTY	STATE , that (I) (we) I
9	MEDICAL	gove rise to imm couse (a), statin underlying couse PART 2 OTHER SIGN 19e DATE OF OPERAT 71e. ACCIDENT WAS UND OR CONTRIBUTING C (FEITHER NOTEY MEDIC. 21d. IN JURY OCCURR WHILE WHILE WHILE WHILE AT WOOR 77e. 1 certify that (1)	NIFICANT CO	19b COND 19b COND 21b TIME C HOUR A. P. 21e PLACE (AT HOME, STI	DITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY, OFFICE, office death	DEATH BUT OPERATION AY YEAR 19 FARM, ETC) ON NAME OF C	211 LOCATION 211 LOCATION STREET ATT PH	19 CURRI	20e AUTOPSY YES NO ED (ENTERNATURE CIT to deoth occurred pr	OR TOWN STAFF PHYSICIAN [IF YES, NEERTIFYN YES M 18, PARI	COUNTY 22c. DAT	STATE , that (1) (we) 1

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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STATE OF MARYLAND

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